

Facility Name & ID Number The Lutheran Home

0019109 Report Period Beginning: 1/1/2010 Ending: 12/31/2010

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	85	Skilled (SNF)	85	31,025	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	85	TOTALS	85	31,025	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				
		3 Medicaid Recipient	4 Private Pay	5 Other	6 Total	
8	SNF	5,281	17,795	4,975	28,051	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	5,281	17,795	4,975	28,051	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 90.41%

D. How many bed-hold days during this year were paid by the Department? 0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)
None

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

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

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

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

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

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 85 and days of care provided 4,975

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/2010 Fiscal Year: 12/31/2010

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

Facility Name & ID Number The Lutheran Home # 0019109 Report Period Beginning: 1/1/2010 Ending: 12/31/2010

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	336,694	25,498	17,001	379,193		379,193	(2,008)	377,185		1
2	Food Purchase		221,778		221,778		221,778		221,778		2
3	Housekeeping	168,481	29,251	1,802	199,534		199,534	(495)	199,039		3
4	Laundry	51,963	11,379	10,977	74,319		74,319		74,319		4
5	Heat and Other Utilities			81,930	81,930		81,930		81,930		5
6	Maintenance	97,767	32,677	101,379	231,823		231,823		231,823		6
7	Other (specify):* Trash Removal			8,701	8,701		8,701		8,701		7
8	TOTAL General Services	654,905	320,583	221,790	1,197,278		1,197,278	(2,503)	1,194,775		8
	B. Health Care and Programs										
9	Medical Director			4,050	4,050		4,050		4,050		9
10	Nursing and Medical Records	2,082,528	27,638	16,561	2,126,727	(54,111)	2,072,616	(359)	2,072,257		10
10a	Therapy	41,300		710,292	751,592		751,592		751,592		10a
11	Activities	71,866	15,005	6,139	93,010		93,010		93,010		11
12	Social Services	40,573	784	2,277	43,634		43,634		43,634		12
13	CNA Training										13
14	Program Transportation	10,409	3,425	2,231	16,065		16,065	(6,191)	9,874		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	2,246,676	46,852	741,550	3,035,078	(54,111)	2,980,967	(6,550)	2,974,417		16
	C. General Administration										
17	Administrative	95,628			95,628		95,628		95,628		17
18	Directors Fees										18
19	Professional Services			424,209	424,209		424,209	8,015	432,224		19
20	Dues, Fees, Subscriptions & Promotions			12,434	12,434		12,434		12,434		20
21	Clerical & General Office Expenses	113,770	7,928	66,528	188,226	54,111	242,337	(17,152)	225,185		21
22	Employee Benefits & Payroll Taxes			237,205	237,205		237,205		237,205		22
23	Inservice Training & Education										23
24	Travel and Seminar			22,081	22,081		22,081		22,081		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			64,073	64,073		64,073		64,073		26
27	Other (specify):* Marketing	4,987	1,519	1,811	8,317		8,317		8,317		27
28	TOTAL General Administration	214,385	9,447	828,341	1,052,173	54,111	1,106,284	(9,137)	1,097,147		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,115,966	376,882	1,791,681	5,284,529		5,284,529	(18,190)	5,266,339		29

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

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

Facility Name & ID Number

The Lutheran Home

#0019109

Report Period Beginning:

1/1/2010

Ending:

12/31/2010

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			471,960	471,960		471,960	(161,709)	310,251			30
31	Amortization of Pre-Op. & Org.			1,162	1,162		1,162		1,162			31
32	Interest			204,881	204,881		204,881	(50,930)	153,951			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	TOTAL Ownership			678,003	678,003		678,003	(212,639)	465,364			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		323,994	97,993	421,987		421,987		421,987			39
40	Barber and Beauty Shops		21,834		21,834		21,834	(21,834)				40
41	Coffee and Gift Shops			3,716	3,716		3,716		3,716			41
42	Provider Participation Fee			46,538	46,538		46,538		46,538			42
43	Other (specify):* AL,IL,Chaplain,Priv Duty			9,149,884	9,149,884		9,149,884	(9,149,884)				43
44	TOTAL Special Cost Centers		345,828	9,298,131	9,643,959		9,643,959	(9,171,718)	472,241			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,115,966	722,710	11,767,815	15,606,491		15,606,491	(9,402,547)	6,203,944			45

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

The Lutheran Home

ID# 0019109

Report Period Beginning: 1/1/2010

Ending: 12/31/2010

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Beauty Shop Income	\$ (21,834)	40	1
2	Transportation Income	(6,191)	14	2
3	Guest Room Rent	(495)	3	3
4	Personal Service Income	(359)	10	4
5	Miscellaneous Income	(1,774)	21	5
6	Interest on Past Due Accounts	(1,161)	32	6
7				7
8	AL, IL, Chaplain, and Private Duty Expense	(9,149,884)	43	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	(9,181,698)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number The Lutheran Home# 0019109

Report Period Beginning:

1/1/2010

Ending:

12/31/2010

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	(2,008)	0	0	0	0	0	0	0	0	0	0	(2,008)	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	(495)	0	0	0	0	0	0	0	0	0	0	(495)	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(2,503)	0	0	0	0	0	0	0	0	0	0	(2,503)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(359)	0	0	0	0	0	0	0	0	0	0	(359)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	(6,191)	0	0	0	0	0	0	0	0	0	0	(6,191)	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	(6,550)	0	0	0	0	0	0	0	0	0	0	(6,550)	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	8,015	0	0	0	0	0	0	0	0	0	8,015	19
20	Fees, Subscriptions & Promotions	0	0	0	0	0	0	0	0	0	0	0	0	20
21	Clerical & General Office Expenses	(17,152)	0	0	0	0	0	0	0	0	0	0	(17,152)	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(17,152)	8,015	0	(9,137)	28								
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(26,205)	8,015	0	(18,190)	29								

STATE OF ILLINOIS

Summary B

Facility Name & ID Number The Lutheran Home# 0019109

Report Period Beginning:

1/1/2010

Ending:

12/31/2010

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	(161,709)	0	0	0	0	0	0	0	0	0	0	(161,709)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(50,930)	0	0	0	0	0	0	0	0	0	0	(50,930)	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(212,639)	0	0	0	0	0	0	0	0	0	0	(212,639)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	(21,834)	0	0	0	0	0	0	0	0	0	0	(21,834)	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(9,149,884)	0	0	0	0	0	0	0	0	0	0	(9,149,884)	43
44	TOTAL Special Cost Centers	(9,171,718)	0	0	0	0	0	0	0	0	0	0	(9,171,718)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(9,410,562)	8,015	0	0	0	0	0	0	0	0	0	(9,402,547)	45

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See				Luther	St. Louis, MO	Home Office

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	19 Management	\$ 416,951	Lutheran Senior Services	100.00%	\$ 424,966	\$ 8,015	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		\$ 416,951			\$ 424,966	\$ *	8,015 14

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

Facility Name & ID Number

The Lutheran Home

0019109

Report Period Beginning:

1/1/2010

Ending:

12/31/2010

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference
						Hours	Percent	Description	Amount	
1	N/A								\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13								TOTAL	\$	13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number The Lutheran Home

0019109

Report Period Beginning:

1/1/2010

Ending: 2/31/2010

VIII. ALLOCATION OF INDIRECT COSTS

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

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	17	Home Office	Direct Costs	27	\$ 8,444,182	\$ 0	416,951	\$ 416,951	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				\$ 8,444,182	\$		\$ 416,951	25

Facility Name & ID Number

The Lutheran Home

0019109

Report Period Beginning:

1/1/2010

Ending:

12/31/2010

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	IL Finance Authority -					\$	\$			\$	1								
2	2006 Bonds	X	Campus Expansion	\$198,745.00	7/19/2006	5,750,142	5,238,943	2/1/2037	5.0000	204,881	2								
3											3								
4											4								
5											5								
Working Capital																			
6											6								
7											7								
8											8								
9	TOTAL Facility Related			\$198,745.00		\$ 5,750,142	\$ 5,238,943			\$ 204,881	9								
B. Non-Facility Related*																			
10											10								
11											11								
12											12								
13											13								
14	TOTAL Non-Facility Related					\$	\$			\$	14								
15	TOTALS (line 9+line14)					\$ 5,750,142	\$ 5,238,943			\$ 204,881	15								

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

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

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

2009 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME The Lutheran Home COUNTY Peoria

FACILITY IDPH LICENSE NUMBER 0019109

CONTACT PERSON REGARDING THIS REPORT _____

TELEPHONE () _____ FAX #: () _____

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2009 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2009.

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

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

Attach a copy of the original 2009 tax bills which were listed in Section A to this statement. Be sure to use the 2009 tax bill which is normally paid during 2010.

PLEASE NOTE: *Payment information from the Internet* or otherwise is *not considered acceptable tax bill documentation* . Facilities located in Cook County are required to provide copies of their original **second installment tax bill.**

Facility Name & ID Number The Lutheran Home

0019109

Report Period Beginning:

1/1/2010

Ending:

12/31/2010

X. BUILDING AND GENERAL INFORMATION:

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

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

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

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

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

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)

List entity name, type of business, square footage, and number of beds/units available (where applicable).

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

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

1. Total Amount Incurred: 807,882 2. Number of Years Over Which it is Being Amortized: _____

3. Current Period Amortization: 6,301 4. Dates Incurred: _____

Nature of Costs:

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

XI. OWNERSHIP COSTS:

A. Land.

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

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Report Period Beginning:

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XI. OWNERSHIP COSTS (continued)

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

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4			1976	1976	\$ 1,676,061	\$	40	\$ 38,789	\$ 38,789	\$ 1,512,933	4
5			1984	1984	481,567		40	13,733	13,733	367,709	5
6			1986	1986	698,529		40	17,466	17,466	432,210	6
7											7
8											8
	Improvement Type**										
9	Various		1976		58,237		20			58,237	9
10	Various		1978		4,465		20			4,465	10
11	Various		1979		149		20			149	11
12	Various		1980		470		20			470	12
13	Various		1982		403		20			403	13
14	Various		1983		1,717		20			1,717	14
15	Various		1984		2,946		20			2,946	15
16	Various		1985		3,290		20			3,290	16
17	Various		1986		5,335		20			5,335	17
18	Various		1987		18,303		20			18,303	18
19	Various		1988		66,182		20	1,756	1,756	51,039	19
20	Various		1990		134,732		20	3,305	3,305	72,944	20
21	Various		1991		40,069		20	1,091	1,091	22,762	21
22	Various		1992		890		20	29	29	565	22
23	Various		1993		748		20	13	13	748	23
24	Various		1994		5,993		20	193	193	3,372	24
25	Various		1995		36,256		20	1,747	1,747	28,166	25
26	Various		1996		43,073		20	1,369	1,369	24,755	26
27	Various		1997		32,988		20	664	664	19,401	27
28	Various		1998		13,903		20	857	857	11,423	28
29	Various		1999		122,497		20	405	405	115,384	29
30	Various		2000		63,646		20	2,956	2,956	35,392	30
31	Various		2001		190,577		20	9,561	9,561	148,657	31
32	Various		2002		1,912,111		20	57,217	57,217	514,955	32
33	Various		2003		319,328		20	16,337	16,337	130,697	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

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Report Period Beginning:

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Lightpole At Main Entrance	2004	\$ 771	\$	20	\$ 46	\$ 46	\$ 322	37
38	Hallway Remodel	2004	12,883		20	208	208	1,456	38
39	Backflow Preventors	2004	1,414		20	101	101	707	39
40	Energy Mgmt Program	2004	3,067		20	68	68	476	40
41	Common Room Conversion	2004	3,199		20	95	95	665	41
42	Hvac Condensing Units	2004	19,480		20	649	649	4,543	42
43	Chapel Emergency Lights	2004	139		20	9	9	63	43
44	Update Nursing Chapel	2004	227		20	14	14	98	44
45	Pump Motor	2004	813		20	42	42	291	45
46	Plumbing Repair	2004	761		20	38	38	266	46
47	Sidewalk	2004	3,157		20	158	158	1,105	47
48	Boiler	2004	746		20	37	37	261	48
49	Flush Valve	2004	501		20	25	25	175	49
50	Door Monitor	2004	700		20	35	35	245	50
51	Wing Renovation	2004	98,120		20	4,906	4,906	29,436	51
52	Memory Loss Courtyard	2004	74,846		20	3,742	3,742	22,454	52
53	Courtyard Fence	2005	5,230		20	262	262	1,569	53
54	Sunroom Installation	2005	4,620		20	231	231	1,386	54
55	Water Main Extension	2005	(29,172)		20	(1,459)	(1,459)	(8,752)	55
56	Fire Door Hardware	2005	5,573		20	279	279	1,672	56
57	Survey - Project #22	2005	37,230		20	1,862	1,862	11,169	57
58	Condensor Replacement	2005	33,795		20	1,690	1,690	10,139	58
59	Architecture On Building	2006	8,909		20	297	297	1,485	59
60	Roof Replacement	2007	30,000		20	1,500	1,500	4,625	60
61	Room Renovations	2007	14,463		20	723	723	2,230	61
62	Room Renovations	2007	14,266		20	713	713	2,199	62
63	Room Renovations	2007	14,266		20	713	713	2,199	63
64	Room Renovations	2007	14,266		20	713	713	2,259	64
65	Room Renovations	2007	14,059		20	703	703	2,285	65
66	Room Renovations	2007	14,276		20	714	714	2,320	66
67	Room Renovations	2007	7,252		20	363	363	1,209	67
68	Carnes Diffusers	2007	1,260		20	63	63	210	68
69									69
70	TOTAL (lines 4 thru 69)		\$ 6,345,582	\$		\$ 187,028	\$ 187,028	\$ 3,689,194	70

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

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 6,345,582	\$		\$ 187,028	\$ 187,028	\$ 3,689,194	1
2	Room Renovations	2007	14,663		20	733	733	2,444	2
3	Water Heater	2007	39,438		20	1,972	1,972	7,559	3
4	Various Upgrades	2007	24,850		20	1,243	1,243	3,831	4
5	Medicine Cabinets	2007	1,386		20	69	69	214	5
6	Paints	2007	419		20	21	21	65	6
7	Flooring, Carpet and Vinyl	2007	463		20	23	23	71	7
8	Flooring, Carpet and Vinyl	2007	986		20	49	49	152	8
9	9 Vanity Tops	2007	1,598		20	80	80	246	9
10	Flooring, Carpet and Vinyl	2007	8,122		20	406	406	1,252	10
11	Flooring, Carpet and Vinyl	2007	705		20	35	35	109	11
12	Ceiling Tile and Accessories	2007	1,198		20	60	60	185	12
13	Water Heater	2007	4,484		20	224	224	691	13
14	Bathroom Fixtures	2007	751		20	38	38	150	14
15	3 Commodes	2007	670		20	34	34	103	15
16	Lighting Fixtures	2007	479		20	24	24	74	16
17	Cable and Wiring Upgrades	2007	2,960		20	148	148	456	17
18	Flooring, Carpet and Vinyl	2007	2,344		20	117	117	361	18
19	Flooring, Carpet and Vinyl	2007	2,692		20	135	135	415	19
20	Flooring, Carpet and Vinyl	2007	80		20	4	4	12	20
21	Window Treatments	2007	360		20	18	18	56	21
22	Window Treatments	2007	13,874		20	694	694	2,197	22
23	Flooring, Carpet and Vinyl	2007	15,746		20	787	787	2,493	23
24	Grab Bars	2007	6,052		20	303	303	958	24
25	Bathroom Accessories	2007	858		20	43	43	136	25
26	Fixtures	2007	3,261		20	163	163	516	26
27	Flooring, Carpet and Vinyl	2007	667		20	33	33	106	27
28	15 Commodes	2007	4,040		20	202	202	640	28
29	Flooring Carpet	2007	38,691		20	1,935	1,935	6,287	29
30	Hardware	2007	323		20	16	16	52	30
31	Counter and Vanity Tops	2007	2,822		20	141	141	459	31
32	Fixtures	2007	294		20	15	15	48	32
33	Painting	2007	2,953		20	148	148	480	33
34	TOTAL (lines 1 thru 33)		\$ 6,543,811	\$		\$ 196,939	\$ 196,939	\$ 3,722,012	34

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

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 6,543,811	\$		\$ 196,939	\$ 196,939	\$ 3,722,012	1
2	Fixtures, Daybright Lights	2007	6,258		20	313	313	1,017	2
3	Shower Fixtures	2007	170		20	9	9	28	3
4	Safety Bars	2007	191		20	10	10	32	4
5	Ceramic Tile Flooring	2007	26,301		20	1,315	1,315	4,383	5
6	Lighting Fixtures	2007	283		20	14	14	47	6
7	Renovation Demolition	2007	968		20	48	48	161	7
8	28 Medicine Cabinets	2007	2,216		20	111	111	370	8
9	Flooring Carpet	2007	13,936		20	697	697	2,323	9
10	23 Smoke Dispenser	2007	270		20	14	14	46	10
11	14 Sewer Strainers	2007	152		20	8	8	26	11
12	15 Medicine Cabinets	2007	2,257		20	113	113	376	12
13	Insulation for Light Fixtures	2007	477		20	24	24	82	13
14	Lint Separator	2007	7,250		20	363	363	1,239	14
15	Ceiling Tile	2007	3,486		20	174	174	595	15
16	Flooring, Laminated	2007	1,386		20	69	69	236	16
17	Bathroom Fixtures	2007	1,658		20	83	83	290	17
18	Vanities, Hardware	2007	532		20	27	27	94	18
19	Kitchen Counters	2007	380		20	19	19	68	19
20	Window Treatments	2007	129		20	6	6	23	20
21	Counter Tops	2007	918		20	46	46	165	21
22	Sprinkler Systems	2007	52,400		20	2,620	2,620	9,607	22
23	Painting	2007	2,485		20	124	124	455	23
24	Flooring, Baseboard Trim	2007	2,109		20	105	105	386	24
25	Window Treatments	2007	409		20	20	20	76	25
26	Paneling	2007	624		20	31	31	117	26
27	Flooring, Carpet	2007	1,641		20	82	82	321	27
28	Storage Building	2007	2,691		20	135	135	415	28
29	Parking Lot Upgrades	2007	11,900		20	595	595	2,083	29
30	Sewer Upgrades	2007	9,030		20	451	451	1,655	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 6,696,318	\$		\$ 204,564	\$ 204,564	\$ 3,748,728	34

**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 12C, Carried Forward		\$ 6,696,318	\$		\$ 204,564	\$ 204,564	\$ 3,748,728	1
2	FLOORING,CARPET-A WING	2008	986		20	49	49	148	2
3	ENTRY DOOR REPLACED	2008	5,640		20	282	282	846	3
4	STRAINER, GRID	2008	97		20	5	5	15	4
5	COMMODE REPAIR KIT	2008	95		20	5	5	14	5
6	COMMODE	2008	507		20	25	25	76	6
7	FLOORING, E WING DINING& NUR STA	2008	4,785		20	239	239	718	7
8	VANITY TOPS-B WING	2008	2,030		20	102	102	305	8
9	CARPENTRY WORK	2008	4,348		20	217	217	634	9
10	ELECTRICAL	2008	3,339		20	167	167	487	10
11	PLUMBING	2008	1,595		20	80	80	233	11
12	PAINTING	2008	2,682		20	134	134	391	12
13	GENERAL CONTRACTOR'S OVERHEAD AND PROFIT	2008	1,620		20	81	81	236	13
14	CEILING TILES	2008	552		20	28	28	81	14
15	SHOWER ENTRANCE	2008	654		20	33	33	95	15
16	CARPENTRY	2008	5,264		20	263	263	768	16
17	ELECTRICAL	2008	4,510		20	225	225	658	17
18	CABINET, MEDICINE, NUTONE	2008	1,544		20	77	77	225	18
19	DOOR,POCKET	2008	1,196		20	60	60	174	19
20	CARPENTRY WORK	2008	4,741		20	237	237	691	20
21	ELECTRICAL	2008	3,339		20	167	167	487	21
22	PLUMBING	2008	1,595		20	80	80	233	22
23	PAINTING	2008	2,682		20	134	134	391	23
24	GENERAL CONTRACTOR'S OVERHEAD AND PROFIT	2008	1,620		20	81	81	236	24
25	CEILING TILES	2008	552		20	28	28	81	25
26	FLOORING,CARPET BINDING, 650'	2008	325		20	16	16	47	26
27	BAR, FLIP UP	2008	525		20	26	26	77	27
28	FLOORING,CARPET-B WING	2008	5,560		20	278	278	811	28
29	CARPENTRY WORK	2008	4,741		20	237	237	691	29
30	ELECTRICAL	2008	3,339		20	167	167	487	30
31	PLUMBING	2008	1,595		20	80	80	233	31
32	PAINTING	2008	2,682		20	134	134	391	32
33	GENERAL CONTRACTOR'S OVERHEAD AND PROFIT	2008	1,620		20	81	81	236	33
34	TOTAL (lines 1 thru 33)		\$ 6,772,678	\$		\$ 208,382	\$ 208,382	\$ 3,759,924	34

**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 12D, Carried Forward		\$ 6,772,678	\$		\$ 208,382	\$ 208,382	\$ 3,759,924	1
2	CEILING TILES	2008	552		20	28	28	81	2
3	HARDWARE,GRAB BARS, DOOR PULLS,	2008	2,242		20	112	112	318	3
4	FIXTURES-LIGHTING& PLUMBING FIXT	2008	2,231		20	112	112	316	4
5	LIGHT FIXTURE W/ BULBS	2008	8,330		20	417	417	1,180	5
6	WALLS & FLOOR, BATHRMS,CERAMIC&W	2008	20,654		20	1,033	1,033	2,926	6
7	CABLE, DATA	2008	348		20	17	17	49	7
8	BARS, FLIP UP	2008	740		20	37	37	105	8
9	CARPENTRY WORK	2008	4,486		20	224	224	636	9
10	ELECTRICAL	2008	3,339		20	167	167	473	10
11	PLUMBING	2008	1,595		20	80	80	226	11
12	PAINTING	2008	2,682		20	134	134	380	12
13	GENERAL CONTRACTOR'S OVERHEAD AND PROFIT	2008	1,620		20	81	81	229	13
14	CEILING TILES	2008	552		20	28	28	78	14
15	DOORS REPLACED-WINGS B&C	2008	14,664		20	733	733	2,077	15
16	CONCRETE WK-HC ENTRANCE RAMP(2)	2008	3,400		20	170	170	482	16
17	CARPENTRY WORK	2008	4,486		20	224	224	617	17
18	ELECTRICAL	2008	3,339		20	167	167	459	18
19	PLUMBING	2008	1,595		20	80	80	219	19
20	PAINTING	2008	2,682		20	134	134	369	20
21	GENERAL CONTRACTOR'S OVERHEAD AND PROFIT	2008	1,620		20	81	81	223	21
22	CEILING TILES	2008	552		20	28	28	76	22
23	PAINTING-EMMANUEL PLACE	2008	2,014		20	101	101	277	23
24	CEILING-GRID&TILE	2008	857		20	43	43	118	24
25	INSTALLED CABINETS,SINK, PUMP & TOP	2008	4,025		20	201	201	553	25
26	ELECTRICAL WORK	2008	850		20	43	43	117	26
27	PLUMBING	2008	1,089		20	54	54	150	27
28	GENERAL CONTRACTOR'S OVERHEAD AND PROFIT	2008	860		20	43	43	118	28
29	HARDWARE	2008	50		20	2	2	7	29
30	MIRROR-8,T SEAT-9,COAT HKS-10	2008	724		20	36	36	100	30
31	CARPENTRY WORK	2008	4,486		20	224	224	617	31
32	ELECTRICAL	2008	3,339		20	167	167	459	32
33	PLUMBING	2008	1,595		20	80	80	219	33
34	TOTAL (lines 1 thru 33)		\$ 6,874,276	\$		\$ 213,462	\$ 213,462	\$ 3,774,178	34

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

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Report Period Beginning:

1/1/2010

Ending:

12/31/2010

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 6,874,276	\$		\$ 213,462	\$ 213,462	\$ 3,774,178	1
2	<u>PAINTING</u>	2008	2,682		20	134	134	369	2
3	<u>GENERAL CONTRACTOR'S OVERHEAD AND PROFIT</u>	2008	1,620		20	81	81	223	3
4	<u>CEILING TILES</u>	2008	552		20	28	28	76	4
5	<u>MED BOXES INSTALLED</u>	2008	2,438		20	122	122	335	5
6	<u>FLOORING, BINDING TAPE, 258'</u>	2008	129		20	6	6	18	6
7	<u>FLOORING, CARPET, VINYL-C WING</u>	2008	1,961		20	98	98	270	7
8	<u>FLOORING, CARPET, VINYL-C9&C10</u>	2008	1,021		20	51	51	140	8
9	<u>FLOORING, CARPET, VINYL-B4, B5</u>	2008	923		20	46	46	127	9
10	<u>FLOORING, CARPET-COMMON AREA</u>	2008	4,055		20	203	203	558	10
11	<u>CIRCUIT BREAKER PANEL,EMERGENCY</u>	2008	1,208		20	60	60	166	11
12	<u>COMMODE</u>	2008	5,935		20	297	297	816	12
13	<u>CARPENTRY WORK</u>	2008	4,711		20	236	236	648	13
14	<u>ELECTRICAL</u>	2008	3,339		20	167	167	459	14
15	<u>PLUMBING</u>	2008	1,595		20	80	80	219	15
16	<u>PAINTING</u>	2008	2,682		20	134	134	369	16
17	<u>GENERAL CONTRACTOR'S OVERHEAD AND PROFIT</u>	2008	1,620		20	81	81	223	17
18	<u>CEILING TILES</u>	2008	552		20	28	28	76	18
19	<u>HANDICAP RAIL</u>	2008	1,596		20	80	80	213	19
20	<u>CABINET,MEDICINE,KEYES</u>	2008	9,231		20	462	462	1,231	20
21	<u>CARPENTRY WORK</u>	2008	4,741		20	237	237	632	21
22	<u>ELECTRICAL</u>	2008	3,339		20	167	167	445	22
23	<u>PLUMBING</u>	2008	1,595		20	80	80	213	23
24	<u>PAINTING</u>	2008	2,682		20	134	134	358	24
25	<u>GENERAL CONTRACTOR'S OVERHEAD AND PROFIT</u>	2008	1,620		20	81	81	216	25
26	<u>CEILING TILES</u>	2008	552		20	28	28	74	26
27	<u>CARPENTRY WORK</u>	2008	4,486		20	224	224	598	27
28	<u>ELECTRICAL</u>	2008	3,339		20	167	167	445	28
29	<u>PLUMBING</u>	2008	1,595		20	80	80	213	29
30	<u>PAINTING</u>	2008	2,682		20	134	134	358	30
31	<u>GENERAL CONTRACTOR'S OVERHEAD AND PROFIT</u>	2008	1,620		20	81	81	216	31
32	<u>CEILING TILES</u>	2008	552		20	28	28	74	32
33	<u>ELECTRICAL UPGRADES</u>	2008	1,291		20	65	65	172	33
34	TOTAL (lines 1 thru 33)		\$ 6,952,219	\$		\$ 217,360	\$ 217,360	\$ 3,784,728	34

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

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Report Period Beginning:

1/1/2010

Ending:

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 6,952,219	\$		\$ 217,360	\$ 217,360	\$ 3,784,728	1
2	DIFFUSER,CEILING, T-BAR	2008	1,695		20	85	85	219	2
3	DAMPER, H&C	2008	383		20	19	19	49	3
4	DEMO REMOVAL	2008	1,030		20	52	52	133	4
5	CONDENSER, 15 TON, BOHN-E WING	2008	20,800		20	1,040	1,040	2,687	5
6	CEILING DIFFUSERS	2008	570		20	29	29	74	6
7	ASPHALT-HC WKG AREA & PARKING SP	2008	55,000		20	2,750	2,750	6,875	7
8	MED BOXES INSTALLED	2008	4,322		20	216	216	540	8
9	PAINT	2008	2,378		20	119	119	297	9
10	PAINT-EP UNIT	2008	140		20	7	7	17	10
11	COUNTER TOP & MATERIALS	2008	856		20	43	43	103	11
12	GRAB BARS	2008	281		20	14	14	34	12
13	FIRE ALARM SYSTEM	2008	7,000		20	350	350	846	13
14	MURAL-EMMANUEL PLACE	2008	5,820		20	291	291	700	14
15	PUSH BUTTON, EMERGENCY-TO EXIT	2008	880		20	44	44	106	15
16	LIGHTING-PROJECT 08-22	2008	209		20	10	10	22	16
17	WALL COVERING & RAIL CAP	2008	6,759		20	338	338	704	17
18	FLOORING-E WING5540	2008	2,788		20	139	139	290	18
19	DUCTWORK-PROJECT # 08-26	2008	350		20	18	18	36	19
20	FLOORING,CARPET-DINING AREA-PROJ	2008	8,038		20	402	402	837	20
21	FLOORING-EVERGREEN DINING RM-PRO	2008	3,747		20	187	187	390	21
22	CONSULTANT FEE-PHASE II	2009	11,677		20	584	584	924	22
23	CONSULTANT ON IDPH PLENUM ISSUE	2009	782		20	39	39	42	23
24	FIRE ALARM&NURSING CALL UPGRADES	2009	6,056		20	303	303	328	24
25	FIRE SPRINKLER SYSTEM UPGRADES	2009	3,190		20	160	160	253	25
26	FLOORING, EVERGREE DINING	2009	85		20	4	4	5	26
27	IDPH PLENUM DUCTWORK-A&C WING	2009	180,950		20	9,048	9,048	14,325	27
28	IDPH PLENUM-B WING	2009	175,905		20	8,795	8,795	9,528	28
29	ROAM ALERT SYSTEM UPGRADED	2009	12,245		20	612	612	663	29
30	WALLCOVERING PANEL & TRIM WORK-	2009	8,459		20	423	423	670	30
31	Wall Protector	2010	74		20	4	4	4	31
32	Wiring, Cable, Data Line- Optimus EMR	2010	2,957		20	86	86	86	32
33	Optimus setup- Cables & Electrical	2010	1,915		20	48	48	48	33
34	TOTAL (lines 1 thru 33)		\$ 7,479,560	\$		\$ 243,618	\$ 243,618	\$ 3,826,563	34

**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 12G, Carried Forward		\$ 7,479,560	\$		\$ 243,618	\$ 243,618	\$ 3,826,563	1
2	Optimus Setup- Cables and	2010	1,274		20	42	42	42	2
3	Flooring, Carpet- Dining RM	2010	150		20	3	3	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				471,960			(471,960)		33
34	TOTAL (lines 1 thru 33)		\$ 7,480,984	\$ 471,960		\$ 243,663	\$ (228,297)	\$ 3,826,608	34

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

Facility Name & ID Number The Lutheran Home

0019109

Report Period Beginning:

1/1/2010

Ending:

12/31/2010

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	\$ 600,041	\$	\$ 55,992	\$ 55,992	10	\$ 341,179	71
72	Current Year Purchases	45,734		3,036	3,036	10	3,036	72
73	Fully Depreciated Assets	882,840		523	523	10	882,840	73
74								74
75	TOTALS	\$ 1,528,615	\$	\$ 59,551	\$ 59,551		\$ 1,227,055	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Facility	Car & Silverado	2000	\$ 30,750	\$	\$	\$	8	\$ 30,750	76
77	Facility	Ford 2002 15 Pass	2002	56,998				5	56,998	77
78	Facility	Dodge Grand Caravan	2006	19,161		3,832	3,832	5	16,697	78
79	Facility	Vehicle Wheelchair converson	2007	16,026		3,205	3,205	5	12,554	79
80	TOTALS			\$ 122,935	\$	\$ 7,037	\$ 7,037		\$ 116,999	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 9,461,602	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 471,960	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 310,251	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (161,709)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 5,170,662	85

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

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	Non Care Combined Assets	\$ 58,464,214	\$ 2,075,437	\$ 18,988,246	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ 58,464,214	\$ 2,075,437	\$ 18,988,246	91

G. Construction-in-Progress

	Description	Cost	
92	Renovations	\$ 41,372	92
93			93
94			94
95		\$ 41,372	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								5
6								6
7	TOTAL				\$			7

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

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

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

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

15. Is Movable equipment rental included in building rental?

YES NO

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

C. Vehicle Rental (See instructions.)

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

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

Fiscal Year Ending Annual Rent

12. _____ /2011 \$ _____

13. _____ /2012 \$ _____

14. _____ /2013 \$ _____

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

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3		4		5		6		7		8	
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)						
			Units of Service			Units	Cost									
1	Licensed Occupational Therapist	V10A-3	hrs		\$	3,945	\$ 275,179	\$	3,945	\$	275,179					1
2	Licensed Speech and Language Development Therapist	V10A-3	hrs			925	80,544		925		80,544					2
3	Licensed Recreational Therapist		hrs													3
4	Licensed Physical Therapist	V10A-3	hrs			4,708	337,652		4,708	386	338,038					4
5	Physician Care		visits													5
6	Dental Care		visits													6
7	Work Related Program		hrs													7
8	Habilitation		hrs													8
9	Pharmacy	C39-2	# of prescrpts							203,675	203,675					9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs													10
11	Academic Education		hrs													11
12	Other (specify):															12
13	Other (specify):															13
14	TOTAL				\$	9,578	\$ 693,375	\$	9,578	\$ 204,061	\$ 897,436					14

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

Facility Name & ID Number The Lutheran Home# 0019109Report Period Beginning: 1/1/2010Ending: 12/31/2010

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2010

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 3,867,318	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>43,000</u>)	838,789		3
4	Supply Inventory (priced at <u>cost</u>)	42,204		4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	(3,394)		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Notes Receivable/ Misc Receivabl</u>	455,990		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 5,200,907	\$	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments	5,096,138		12
13	Land	369,068		13
14	Buildings, at Historical Cost	64,668,898		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	3,256,918		16
17	Accumulated Depreciation (book methods)	(24,158,908)		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 (spe <u>CIP</u>)	41,371		22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 49,273,485	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 54,474,392	\$	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 127,906	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	294,177		30
31	Accrued Taxes Payable (excluding real estate taxes)	6,277		31
32	Accrued Real Estate Taxes(Sch.IX-B)	197,920		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>Other</u>	(5,181)		36
37	<u>Due to LSS</u>	41,969,990		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 42,591,089	\$	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>Entrance Fees Payable</u>	31,048,788		43
44	<u>Resident Deposits</u>	368,234		44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 31,417,022	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 74,008,111	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ (19,533,719)	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 54,474,392	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (19,603,142)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (19,603,142)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	69,423	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)	\$ 69,423	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (19,533,719)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number The Lutheran Home# 0019109Report Period Beginning: 1/1/2010Ending: 12/31/2010

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

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

		1	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 6,311,901	1
2	Discounts and Allowances for all Levels	(446,936)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 5,864,965	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,142,497	6
7	Oxygen	1,778	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,144,275	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	89	12
13	Barber and Beauty Care	26,828	13
14	Non-Patient Meals	2,008	14
15	Telephone, Television and Radio	380	15
16	Rental of Facility Space		16
17	Sale of Drugs	249,580	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	16,668	19
20	Radiology and X-Ray	7,902	20
21	Other Medical Services	191,076	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 494,531	23
D. Non-Operating Revenue			
24	Contributions	281,785	24
25	Interest and Other Investment Income***	49,769	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 331,554	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Other Revenue	(7,358)	28
28a	Independent and Assisted Living Revenue	7,847,947	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 7,840,589	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 15,675,914	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,197,278	31
32	Health Care	3,035,078	32
33	General Administration	1,052,173	33
B. Capital Expense			
34	Ownership	678,003	34
C. Ancillary Expense			
35	Special Cost Centers	9,597,421	35
36	Provider Participation Fee	46,538	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 15,606,491	40
41	Income before Income Taxes (line 30 minus line 40)**	69,423	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 69,423	43

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

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

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

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

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

0019109

Report Period Beginning:

1/1/2010

Ending:

12/31/2010

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	1,850	2,004	\$ 70,974	\$ 35.42	1
2	Assistant Director of Nursing					2
3	Registered Nurses	12,403	14,141	337,264	23.85	3
4	Licensed Practical Nurses	34,156	36,757	758,813	20.64	4
5	CNAs & Orderlies	66,437	72,929	827,383	11.35	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,370	2,628	41,300	15.72	8
9	Activity Director					9
10	Activity Assistants	5,761	6,378	71,866	11.27	10
11	Social Service Workers	2,816	2,950	50,982	17.28	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	27,387	29,874	336,694	11.27	15
16	Dishwashers					16
17	Maintenance Workers	5,587	6,191	97,767	15.79	17
18	Housekeepers	13,727	15,071	168,482	11.18	18
19	Laundry	3,906	4,174	51,963	12.45	19
20	Administrator	475	538	25,486	47.37	20
21	Assistant Administrator	1,816	2,032	70,142	34.52	21
22	Other Administrative	9,680	10,519	167,880	15.96	22
23	Office Manager					23
24	Clerical					24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,513	1,632	33,983	20.82	31
32	Other Health Care(specify)					32
33	Other(specify) <u>Marketing</u>	172	182	4,987	27.40	33
34	TOTAL (lines 1 - 33)	190,056	208,000	\$ 3,115,966 *	\$ 14.98	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	55	\$ 2,725	V1-3	35
36	Medical Director	Monthly	4,050	V9-3	36
37	Medical Records Consultant	16	1,840	V 10-3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	14	7,718	V 39-3	39
40	Physical Therapy Consultant	3	193	V10a-3	40
41	Occupational Therapy Consultant	2	125	V 10a-3	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	12	707	V 10a-3	43
44	Activity Consultant	28	2,184	V11-3	44
45	Social Service Consultant	28	2,185	V12-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	158	\$ 21,727		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

Facility Name & ID Number The Lutheran Home

Report Period Beginning: 1/1/2010

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	
Lorraine Neitzer	Administrator	0	\$ 25,486	Workers' Compensation Insurance	\$ 22,428	IDPH License Fee	\$	
Janelle Clark	Asst. Administrator	0	70,142	Unemployment Compensation Insurance	6,550	Advertising: Employee Recruitment	4,461	
				FICA Taxes	65,431	Health Care Worker Background Check (Indicate # of checks performed)		
				Employee Health Insurance	69,733	Patient Background Checks	200 2,000	
				Employee Meals		LSN/AAHSA Association Dues	5,025	
				Illinois Municipal Retirement Fund (IMRF)*		Publications	571	
				Disability Insurance	1,844	AAOD Software License	377	
				Life Insurance	1,338	Other Miscellaneous		
				Savings and Revenue Sharing Contributions	84,594			
				Tuition Reimbursement	1,074	Less: Public Relations Expense	()	
				Allocation of Employee Benefits	(15,787)	Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 95,628	TOTAL (agree to Schedule V, line 22, col.8)		TOTAL (agree to Sch. V, line 20, col. 8)		
B. Administrative - Other								
Description			Amount					
			\$					
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$	E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
C. Professional Services				Description	Line #	Amount	Description	Amount
Vendor/Payee	Type	Amount				\$		
Heyl Roster Voelker & Allen	Legal Fees	\$ 565					Out-of-State Travel	\$
LarsonAllen LLP	Accounting Fees	6,694						
Lutheran Senior Services	Management Fees	416,950					In-State Travel	1,608
							Seminar Expense	20,473
							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.)			\$ 424,209	TOTAL		\$	TOTAL	\$ 22,081

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number The Lutheran Home# 0019109Report Period Beginning: 1/1/2010Ending: 12/31/2010**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? yes
If YES, give association name and amount. Life Services Network - \$7,632
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? _____
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? yes
What was the average life used for new equipment added during this period? 15
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 36,504 Line 39
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? _____ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 46,538
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? yes Indicate the amount. \$ 2,008
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? 100
d. Have vehicle usage logs been maintained? N/A
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? yes
Firm Name: LarsonAllen LLP
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? N/A
Attach invoices and a summary of services for all architect and appraisal fees.