

Facility Name & ID Number Pleasant View Luther Home

0012864 Report Period Beginning: 7/1/09 Ending: 6/30/10

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	122	Skilled (SNF)	122	44,530	1
2		Skilled Pediatric (SNF/PED)			2
3	42	Intermediate (ICF)	42	15,330	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	164	TOTALS	164	59,860	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	14,239	11,192	7,030	32,461	8
9	SNF/PED					9
10	ICF	3,574	8,601		12,175	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	17,813	19,793	7,030	44,636	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 74.57%

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

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)
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 06/28/1937

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 122 and days of care provided 6,236

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

Tax Year: 6/30/10 Fiscal Year: 6/30/10

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

Facility Name & ID Number Pleasant View Luther Home # 0012864 Report Period Beginning: 7/1/09 Ending: 6/30/10

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	474,304	34,400	32,816	541,520		541,520		541,520		1
2	Food Purchase		300,767		300,767		300,767	(72,043)	228,724		2
3	Housekeeping	271,981	28,514	48	300,543		300,543		300,543		3
4	Laundry	58,192	16,235	51	74,478		74,478		74,478		4
5	Heat and Other Utilities			288,588	288,588		288,588		288,588		5
6	Maintenance	182,799	21,636	191,369	395,804		395,804	(31,875)	363,929		6
7	Other (specify):*										7
8	TOTAL General Services	987,276	401,552	512,872	1,901,700		1,901,700	(103,918)	1,797,782		8
	B. Health Care and Programs										
9	Medical Director			12,770	12,770		12,770		12,770		9
10	Nursing and Medical Records	2,976,204	154,553	58,844	3,189,601		3,189,601		3,189,601		10
10a	Therapy							(1,325)	(1,325)		10a
11	Activities	109,179	9,764	38,075	157,018		157,018		157,018		11
12	Social Services	56,044	2,271	1,676	59,991		59,991		59,991		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	3,141,427	166,588	111,365	3,419,380		3,419,380	(1,325)	3,418,055		16
	C. General Administration										
17	Administrative	91,401		150,000	241,401		241,401		241,401		17
18	Directors Fees										18
19	Professional Services			36,326	36,326		36,326		36,326		19
20	Dues, Fees, Subscriptions & Promotions			21,432	21,432		21,432		21,432		20
21	Clerical & General Office Expenses	392,154	48,563	87,733	528,450		528,450	(165,320)	363,130		21
22	Employee Benefits & Payroll Taxes			1,227,315	1,227,315		1,227,315		1,227,315		22
23	Inservice Training & Education										23
24	Travel and Seminar			12,846	12,846		12,846	(1,838)	11,008		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			14,545	14,545		14,545		14,545		26
27	Other (specify):*										27
28	TOTAL General Administration	483,555	48,563	1,550,197	2,082,315		2,082,315	(167,158)	1,915,157		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,612,258	616,703	2,174,434	7,403,395		7,403,395	(272,401)	7,130,994		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

Pleasant View Luther Home

#0012864

Report Period Beginning:

7/1/09

Ending:

6/30/10

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost 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	
	D. Ownership											
30	Depreciation			286,248	286,248		286,248	3,800	290,048			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			153,898	153,898		153,898	(62,879)	91,019			32
33	Real Estate Taxes			5,838	5,838		5,838	(5,838)				33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	TOTAL Ownership			445,984	445,984		445,984	(64,917)	381,067			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	73,559	296,140	875,107	1,244,806		1,244,806		1,244,806			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			87,483	87,483		87,483		87,483			42
43	Other (specify):*	90,715	12,614	291,826	395,155		395,155	(395,155)				43
44	TOTAL Special Cost Centers	164,274	308,754	1,254,416	1,727,444		1,727,444	(395,155)	1,332,289			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,776,532	925,457	3,874,834	9,576,823		9,576,823	(732,473)	8,844,350			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

Pleasant View Luther Home

ID# 0012864

Report Period Beginning: 7/1/09

Ending: 6/30/10

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Senior fitness revenue	\$ (1,325)	10a	1
2	Rental Income	(26,184)	6	2
3	Miscellaneous admin income	(116,267)	21	3
4	Marketing salaries and expenses	(189,855)	43	4
5	Luther Place Expenses	(87,563)	43	5
6	Luther Estates Expenses	(117,737)	43	6
7	Deferred Maintenance	3,311	6	7
8	Non-care related property taxes	(5,838)	33	8
9	Non Allowable seminars	(1,838)	24	9
10	Capialized Repairs and maintenance	(9,002)	6	10
11	Bad debt expense	(28,978)	21	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	(581,276)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Pleasant View Luther Home

0012864 Report Period Beginning:

7/1/09

Ending: 6/30/10

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

	Operating Expenses	PAGES	PAGE	SUMMARY										
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
		(to Sch V, col.7)												
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(72,043)	0	0	0	0	0	0	0	0	0	0	(72,043)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	(31,875)	0	0	0	0	0	0	0	0	0	0	(31,875)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(103,918)	0	(103,918)	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	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	(1,325)	0	0	0	0	0	0	0	0	0	0	(1,325)	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	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	(1,325)	0	(1,325)	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	0	0	0	0	0	0	0	0	0	0	0	19
20	Fees, Subscriptions & Promotions	0	0	0	0	0	0	0	0	0	0	0	0	20
21	Clerical & General Office Expenses	(165,320)	0	0	0	0	0	0	0	0	0	0	(165,320)	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	(1,838)	0	0	0	0	0	0	0	0	0	0	(1,838)	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	(167,158)	0	(167,158)	28									
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(272,401)	0	(272,401)	29									

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Pleasant View Luther Home

0012864

Report Period Beginning:

7/1/09

Ending:

6/30/10

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	3,800	0	0	0	0	0	0	0	0	0	0	3,800	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(62,879)	0	0	0	0	0	0	0	0	0	0	(62,879)	32
33	Real Estate Taxes	(5,838)	0	0	0	0	0	0	0	0	0	0	(5,838)	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	(64,917)	0	0	0	0	0	0	0	0	0	0	(64,917)	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	0	0	0	0	0	0	0	0	0	0	0	0	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):*	(395,155)	0	0	0	0	0	0	0	0	0	0	(395,155)	43
44	TOTAL Special Cost Centers	(395,155)	0	0	0	0	0	0	0	0	0	0	(395,155)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(732,473)	0	0	0	0	0	0	0	0	0	0	(732,473)	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
Lutheran Life Communities	100	See attached		See attached		

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	17 Administrative Expenses	\$ 150,000	Lutheran Life Communities		\$ 150,000	\$	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		\$ 150,000			\$ 150,000	\$ *	14

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

Facility Name & ID Number

Pleasant View Luther Home

#

0012864

Report Period Beginning:

7/1/09

Ending:

6/30/10

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	Roger Paulsberg	Chairman	Administrative	0.00	376,442	4	10.00	Salary	\$ 37,644	17-3	1
2	Jim Holbrook	Vice President	Administrative	0.00	238,942	4	10.00	Salary	23,894	17-3	2
3	Carl Moellenkamp	Treasurer	Administrative	0.00	241,726	8	20.00	Salary	48,345	17-3	3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 109,883		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 Pleasant View Luther Home

0012864

Report Period Beginning:

7/1/09

Ending: 6/30/10

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization

Lutheran Life Communities

Street Address

800 W. Oakton St

City / State / Zip Code

Arlington Hts, IL 60004

Phone Number

(847) 368-7400

Fax Number

(847) 368-7302

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	Administrative	Direct Allocation		\$	\$		\$ 150,000	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				\$	\$		\$ 150,000	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Pleasant View Luther Home

0012864

Report Period Beginning:

7/1/09

Ending:

6/30/10

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	Mission Investment Fund		x	Mortgage	\$18,440.00	08/01/06	\$ 2,600,000	\$ 2,221,000	7/1/2026	5.8750	\$ 137,998	1							
2	Capital Interest Expense										4,885	2							
3												3							
4												4							
5												5							
Working Capital																			
6	LHSA	x		Borrowing		12/31/05	300,000				11,015	6							
7												7							
8												8							
9	TOTAL Facility Related				\$18,440.00		\$ 2,900,000	\$ 2,221,000			\$ 153,898	9							
B. Non-Facility Related*																			
10	Interest Income										(62,879)	10							
11												11							
12												12							
13												13							
14	TOTAL Non-Facility Related						\$	\$			\$ (62,879)	14							
15	TOTALS (line 9+line14)						\$ 2,900,000	\$ 2,221,000			\$ 91,019	15							

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

B. Real Estate Taxes

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.

1. Real Estate Tax accrual used on 2009 report.		\$	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	2
3. Under or (over) accrual (line 2 minus line 1).		\$	3
4. Real Estate Tax accrual used for 2010 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	7
Real Estate Tax History:			
Real Estate Tax Bill for Calendar Year:	2005	_____	8
	2006	_____	9
	2007	_____	10
	2008	_____	11
	2009	_____	12
	FOR BHF USE ONLY		
	13	FROM R. E. TAX STATEMENT FOR 2009 \$	13
	14	PLUS APPEAL COST FROM LINE 5 \$	14
	15	LESS REFUND FROM LINE 6 \$	15
	16	AMOUNT TO USE FOR RATE CALCULATION \$	16

NOTES:

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

SEE ACCOUNTANTS' COMPILATION REPORT

2009 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Pleasant View Luther Home COUNTY Lasalle

FACILITY IDPH LICENSE NUMBER 0012864

CONTACT PERSON REGARDING THIS REPORT Rob Schlicht

TELEPHONE (414) 431-9335 FAX #: (414) 431-9303

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.	<u>22-14-401-017</u>	<u>Administrators Residence</u>	\$ <u>5,838.00</u>	\$ _____
2.	_____	_____	\$ _____	\$ _____
3.	_____	_____	\$ _____	\$ _____
4.	_____	_____	\$ _____	\$ _____
5.	_____	_____	\$ _____	\$ _____
6.	_____	_____	\$ _____	\$ _____
7.	_____	_____	\$ _____	\$ _____
8.	_____	_____	\$ _____	\$ _____
9.	_____	_____	\$ _____	\$ _____
10.	_____	_____	\$ _____	\$ _____
TOTALS			\$ <u>5,838.00</u>	\$ _____

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.**

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		1957	1957	\$ 170,416	\$	40	\$	\$	\$ 170,416	4
5		1960	1960	122,955		40			122,955	5
6	59	1962	1962	766,241	920	40	920		764,529	6
7	122	1977	1977	3,768,795	94,220	40	94,220		3,156,365	7
8										8
Improvement Type**										
9	Various		1980	3,398		20			2,829	9
10	Various		1981	20,400		20			20,400	10
11	Various		1982	85,607		20			85,607	11
12	Various		1983	46,385		20			46,385	12
13	Various		1984	51,282		20			51,282	13
14	Various		1985	68,023		20	471	471	65,988	14
15	Various		1986	13,364		20	233	233	12,125	15
16	Various		1987	7,961		20			7,961	16
17	Various		1988	7,182		20	93	93	6,405	17
18	Various		1991	12,726		20	424	424	7,916	18
19	Various		1995	21,584		20	724	724	11,343	19
20	Various		1996	196,509		20			196,509	20
21	Various		1997	37,277		20	2,325	2,325	68,521	21
22	Various		2001	23,145		20	1,728	1,728	17,280	22
23	Various		2002	1,370,163		20	54,807	54,807	493,263	23
24	Various		2003	2,730		20	214	214	1,710	24
25	Various		2004	5,098		20	510	510	3,570	25
26	Various		2005	1,350		20	54	54	324	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								67
68								68
69					191,108		(191,108)	69
70		\$ 6,802,591	\$ 286,248		\$ 156,723	\$ (129,525)	\$ 5,313,683	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Pleasant View Luther Home

0012864

Report Period Beginning:

7/1/09

Ending:

6/30/10

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		\$ 6,802,591	\$ 286,248		\$ 156,723	\$ (129,525)	\$ 5,313,683	1
2	Air handler repair	2006	2,953		20	148	148	444	2
3	Generator equipment	2006	3,450		20	173	173	863	3
4	Cable & wire install	2006	2,705		20	135	135	676	4
5	Architectural plans	2006	2,942		20	147	147	735	5
6	Carpeting and new doors	2006	8,189		20	409	409	2,047	6
7	Duct work	2006	2,824		20	141	141	706	7
8	Floor Tubs	2006	2,519		20	126	126	630	8
9	New door	2006	1,200		20	60	60	300	9
10	Floor Tubs	2006	23,640		20	1,182	1,182	5,910	10
11	Phone system	2006	28,628		20	1,431	1,431	7,157	11
12	Phone system	2006	22,734		20	1,137	1,137	5,684	12
13	Roofing-chapel	2006	5,966		20	298	298	1,193	13
14	B/C electrical wiring	2006	1,505		20	75	75	301	14
15	B/C electrical wiring	2006	8,087		20	404	404	1,617	15
16	PVLH lots - blacktop	2006	22,216		20	1,111	1,111	4,443	16
17	Kitchen project	2006	350,634		20	17,532	17,532	70,127	17
18	Chapel - up front repairs	2006	11,798		20	590	590	2,360	18
19	Painting east/north chapel	2006	2,790		20	140	140	559	19
20	AC repair	2007	4,072		20	204	204	851	20
21	Carpeting - chaplains office	2007	1,000		20	50	50	200	21
22	New door in hc room 205	2007	1,350		20	68	68	271	22
23	Wall in rear entranced framed	2007	1,528		20	76	76	305	23
24	Install 6 new fire doors	2007	20,240		20	1,012	1,012	4,048	24
25	Paint exterior hc building	2007	48,715		20	2,436	2,436	7,308	25
26	Automatic doors - front entrance	2007	4,350		20	218	218	653	26
27	Security key pad in elevator - hc	2007	8,245		20	412	412	1,237	27
28	Carpet & tile - senior fit room hc	2007	4,500		20	225	225	675	28
29	Care tracker wiring and outlets	2007	9,328		20	466	466	1,399	29
30	Paint, mortar therapy and demo senior fit room	2007	2,198		20	110	110	330	30
31	Boiler isolation vlave	2007	4,634		20	232	232	695	31
32	Ceiling tiles - senior fit room	2007	1,332		20	67	67	200	32
33	Landscaping	2007	11,070		20	554	554	1,661	33
34	TOTAL (lines 1 thru 33)		\$ 7,429,933	\$ 286,248		\$ 188,090	\$ (98,158)	\$ 5,439,268	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 7,429,933	\$ 286,248		\$ 188,090	\$ (98,158)	\$ 5,439,268	1
2	Heat exchange & burner hc boiler	2008	9,416		20	471	471	1,413	2
3	A/C compressor hc	2008	8,550		20	428	428	1,283	3
4	Exterior fixtures	2008	3,290		20	165	165	494	4
5	AC Repair	2008	4,109		20	205	205	410	5
6	Air compressor for building temperature control	2008	5,100		20	255	255	510	6
7	K tags stairwells wire partition wall panels	2008	872		20	44	44	88	7
8	Stairwell railing	2008	1,688		20	84	84	168	8
9	Relocate sprinkler head in stairwell	2008	459		20	23	23	46	9
10	Upgrade access panels	2008	397		20	20	20	40	10
11	Upgrade fire caulking pvlh	2008	8,249		20	412	412	824	11
12	Compressor for 1st floor a/c system	2009	7,450		20	373	373	1,118	12
13	Door closers	2009	3,267		20	163	163	326	13
14	Fire stop putty	2009	161		20	8	8	16	14
15	Ceiling drainage tiles	2009	414		20	21	21	42	15
16	Fire stop caulk and draining tiles	2009	900		20	45	45	90	16
17	Fire caulking lobby and hallways	2009	1,500		20	75	75	150	17
18	Fire caulking health center	2009	4,213		20	211	211	422	18
19	Fire alarm and smoke detector issues	2009	8,767		20	438	438	876	19
20	Roof repair	2009	2,790		20	140	140	280	20
21	A/C Repair	2009	7,226		20	361	361	722	21
22	A/C Repair	2009	2,715		20	136	136	272	22
23	Repair HVAC	2010	3,485		20	174	174	174	23
24	Repair Boiler	2010	5,517		20	276	276	276	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)		\$ 7,520,468	\$ 286,248		\$ 192,617	\$ (93,631)	\$ 5,449,308	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Pleasant View Luther Home

0012864

Report Period Beginning:

7/1/09

Ending:

6/30/10

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	\$ 894,700	\$	\$ 95,250	\$ 95,250	10	\$ 779,117	71
72	Current Year Purchases	1,785		179	179	10	179	72
73	Fully Depreciated Assets	1,127,642				10	1,127,642	73
74								74
75	TOTALS	\$ 2,024,127	\$	\$ 95,429	\$ 95,429		\$ 1,906,938	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		Various	1982-2000	\$ 87,332	\$	\$	\$		\$ 87,332	76
77		Transport bus Paint and repair	2007	10,014		2,003	2,003	5	8,012	77
78										78
79										79
80	TOTALS			\$ 97,346	\$	\$ 2,003	\$ 2,003		\$ 95,344	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)	\$ 9,661,547	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 286,248	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 290,048	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 3,800	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 7,451,590	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	Parking lot lights & improv - 79-80	\$ 8,536	\$	\$	86
87	Garage & Improv - 1964-84	27,310			87
88	Admin res & improv -1960	25,262			88
89	Land - various estates 1990	90,787			89
90	House - Willard avenue 1987	72,500			90
91	TOTALS	\$ 224,395	\$	\$	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: _____

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.

Facility Name & ID Number Pleasant View Luther Home # 0012864 Report Period Beginning: 7/1/09 Ending: 6/30/10
 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?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$ _____

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	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	39-03	hrs			874,682			874,682	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39-02	# of prescripts				284,171		284,171	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			\$		\$ 874,682	\$ 284,171		\$ 1,158,853	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 Pleasant View Luther Home

0012864

Report Period Beginning: 7/1/09

Ending:

6/30/10

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 6/30/10

(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	\$ 723,567	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	826,640		3
4	Supply Inventory (priced at)	21,389		4
5	Short-Term Investments	206,846		5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	46,870		7
8	Accounts Receivable (owners or related parties)	8,902		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,834,214	\$	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	347,068		13
14	Buildings, at Historical Cost	9,725,074		14
15	Leasehold Improvements, at Historical Cost	44,650		15
16	Equipment, at Historical Cost	1,928,509		16
17	Accumulated Depreciation (book methods)	(8,291,154)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	1,875,003		19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,629,150	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,463,364	\$	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 456,359	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	18,214		28
29	Short-Term Notes Payable	87,990		29
30	Accrued Salaries Payable	301,269		30
31	Accrued Taxes Payable (excluding real estate taxes)	27,554		31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable	14,698		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See grouping schedule</u>	6,687,322		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 7,593,406	\$	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable	2,221,081		40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 2,221,081	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 9,814,487	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ (2,351,123)	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 7,463,364	\$	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (2,636,603)	1
2	Restatements (describe):		2
3	Reserve for Restricted Gifts	703,888	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (1,932,715)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(418,408)	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)	\$ (418,408)	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)	\$ (2,351,123)	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

		1	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 7,987,427	1
2	Discounts and Allowances for all Levels	(1,781,638)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 6,205,789	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,717,469	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,717,469	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	2,847	12
13	Barber and Beauty Care		13
14	Non-Patient Meals	72,043	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	26,184	16
17	Sale of Drugs	282,335	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	19,681	19
20	Radiology and X-Ray	10,051	20
21	Other Medical Services	84,021	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 497,162	23
D. Non-Operating Revenue			
24	Contributions	286,091	24
25	Interest and Other Investment Income***	62,879	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 348,970	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See grouping schedule</u>	389,025	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 389,025	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 9,158,415	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,901,700	31
32	Health Care	3,419,380	32
33	General Administration	2,082,315	33
B. Capital Expense			
34	Ownership	445,984	34
C. Ancillary Expense			
35	Special Cost Centers	1,727,444	35
36	Provider Participation Fee		36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 9,576,823	40
41	Income before Income Taxes (line 30 minus line 40)**	(418,408)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (418,408)	43

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

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

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

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

Facility Name & ID Number Pleasant View Luther Home

0012864

Report Period Beginning:

7/1/09

Ending:

6/30/10

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	1,693	1,725	\$ 79,531	\$ 46.10	1
2	Assistant Director of Nursing	1,882	2,026	66,802	32.97	2
3	Registered Nurses	20,771	23,469	652,487	27.80	3
4	Licensed Practical Nurses	20,072	24,068	534,571	22.21	4
5	CNAs & Orderlies	108,103	115,991	1,543,991	13.31	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	8,478	9,112	109,179	11.98	10
11	Social Service Workers	1,810	1,951	56,044	28.73	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	40,392	43,100	474,304	11.00	15
16	Dishwashers					16
17	Maintenance Workers	11,855	12,993	182,799	14.07	17
18	Housekeepers	17,487	18,908	271,981	14.38	18
19	Laundry	6,702	7,395	58,192	7.87	19
20	Administrator	1,733	1,950	91,401	46.87	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	20,454	24,239	392,154	16.18	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Nursing Admin	11,422	10,986	172,381	15.69	32
33	Other(specify) Marketing	4,160	4,576	90,715	19.82	33
34	TOTAL (lines 1 - 33)	277,014	302,489	\$ 4,776,532 *	\$ 15.79	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	121	\$ 5,474	01-03	35
36	Medical Director	monthly	11,400		36
37	Medical Records Consultant	monthly	1,720		37
38	Nurse Consultant				38
39	Pharmacist Consultant	monthly	4,500		39
40	Physical Therapy Consultant	77	4,347		40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	19	1,695		44
45	Social Service Consultant	15	1,178		45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	232	\$ 30,314		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	96	\$ 4,609	10-03	50
51	Licensed Practical Nurses	110	4,140	10-03	51
52	Certified Nurse Assistants/Aides	1,066	25,343	10-03	52
53	TOTAL (lines 50 - 52)	1,272	\$ 34,092		53

SEE ACCOUNTANTS' COMPILATION REPORT

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

	1 Improvement Type	2 Month & Year Improvement Was Made	3 Total Cost	4 Useful Life	Amount of Expense Amortized Per Year								
					5 FY2007	6 FY2008	7 FY2009	8 FY2010	9 FY2011	10 FY2012	11 FY2013	12 FY2014	13 FY2015
					1	Painting	2/2005	\$ 16,554		\$ 3,311	\$ 3,311	\$ 3,311	\$ 2,655
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20	TOTALS		\$ 16,554		\$ 3,311	\$ 3,311	\$ 3,311	\$ 2,655	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pleasant View Luther Home

0012864

Report Period Beginning: 7/1/09

Ending: 6/30/10

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
- (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? _____
- (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 years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 12,636 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. \$ 87,223
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. \$ _____ 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? _____ If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? 100 line 14
d. Have vehicle usage logs been maintained? Yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: KPMG
- (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? Yes
Attach invoices and a summary of services for all architect and appraisal fees.

SEE ACCOUNTANTS' COMPILATION REPORT