



Facility Name & ID Number P A Peterson Center for Hlth

# 0021238 Report Period Beginning: 07/01/12 Ending: 06/30/13

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	129	Skilled (SNF)	129	47,085	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5	29	Sheltered Care (SC)	29	10,585	5
6		ICF/DD 16 or Less			6
7	158	TOTALS	158	57,670	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	11,941	16,457	15,044	43,442	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC		4,902		4,902	12
13	DD 16 OR LESS					13
14	TOTALS	11,941	21,359	15,044	48,344	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 83.83%

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

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

Outpatient Therapy

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

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

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

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

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

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified 129 and days of care provided 10,898

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: 06/30/2013 Fiscal Year: 06/30/2013

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

SEE ACCOUNTANTS' COMPILATION REPORT

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	391,699	42,174	130,129	564,002		564,002		564,002	1	
2	Food Purchase		384,671		384,671		384,671	(3,526)	381,145	2	
3	Housekeeping	179,329	31,364		210,693		210,693		210,693	3	
4	Laundry		1,006	201,662	202,668		202,668		202,668	4	
5	Heat and Other Utilities			183,716	183,716		183,716	(27,695)	156,021	5	
6	Maintenance	138,974	28,182	180,849	348,005		348,005	32,779	380,784	6	
7	Other (specify):*							2,752	2,752	7	
8	<b>TOTAL General Services</b>	710,002	487,397	696,356	1,893,755		1,893,755	4,310	1,898,065	8	
	<b>B. Health Care and Programs</b>										
9	Medical Director			19,010	19,010		19,010		19,010	9	
10	Nursing and Medical Records	3,272,652	82,865	169,251	3,524,768		3,524,768		3,524,768	10	
10a	Therapy									10a	
11	Activities	184,043	9,200	3,432	196,675		196,675		196,675	11	
12	Social Services	145,048		9,846	154,894		154,894		154,894	12	
13	CNA Training									13	
14	Program Transportation									14	
15	Other (specify):*									15	
16	<b>TOTAL Health Care and Programs</b>	3,601,743	92,065	201,539	3,895,347		3,895,347		3,895,347	16	
	<b>C. General Administration</b>										
17	Administrative	202,649			202,649		202,649	682,594	885,243	17	
18	Directors Fees									18	
19	Professional Services			1,293,970	1,293,970		1,293,970	(1,108,287)	185,683	19	
20	Dues, Fees, Subscriptions & Promotions			98,399	98,399		98,399	(15,457)	82,942	20	
21	Clerical & General Office Expenses	456,282	25,978	252,864	735,124		735,124	19,701	754,825	21	
22	Employee Benefits & Payroll Taxes			1,237,147	1,237,147		1,237,147	157,340	1,394,487	22	
23	Inservice Training & Education									23	
24	Travel and Seminar			8,839	8,839		8,839	7,505	16,344	24	
25	Other Admin. Staff Transportation			6,574	6,574		6,574	13,928	20,502	25	
26	Insurance-Prop.Liab.Malpractice			173,504	173,504		173,504	20,586	194,090	26	
27	Other (specify):*									27	
28	<b>TOTAL General Administration</b>	658,931	25,978	3,071,297	3,756,206		3,756,206	(222,090)	3,534,116	28	
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	4,970,676	605,440	3,969,192	9,545,308		9,545,308	(217,780)	9,327,528	29	

\*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000. SEE ACCOUNTANTS' COMPILATION REPORT  
 NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name &amp; ID Number

P A Peterson Center for Hlth

#0021238

Report Period Beginning:

07/01/12

Ending:

06/30/13

## 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	
	<b>D. Ownership</b>											
30	Depreciation			554,436	554,436	554,436	156,053	710,489				30
31	Amortization of Pre-Op. & Org.											31
32	Interest			206,117	206,117	206,117	20,964	227,081				32
33	Real Estate Taxes			175,726	175,726	175,726		175,726				33
34	Rent-Facility & Grounds						70,859	70,859				34
35	Rent-Equipment & Vehicles			10,796	10,796	10,796	2,260	13,056				35
36	Other (specify):*			5,575	5,575	5,575		5,575				36
37	<b>TOTAL Ownership</b>			952,650	952,650	952,650	250,136	1,202,786				37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		885,240	1,842,067	2,727,307	2,727,307		2,727,307				39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			70,616	70,616	70,616		70,616				42
43	Other (specify):*	30,360			30,360	30,360	(30,360)					43
44	<b>TOTAL Special Cost Centers</b>	30,360	885,240	1,912,683	2,828,283	2,828,283	(30,360)	2,797,923				44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	5,001,036	1,490,680	6,834,525	13,326,241	13,326,241	1,996	13,328,237				45

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

SEE ACCOUNTANTS' COMPILATION REPORT

**VI. ADJUSTMENT DETAIL**

**A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.**

**In column 2 below, reference the line on which the particular cost was included. (See instructions.)**

		1	2	3	
	<b>NON-ALLOWABLE EXPENSES</b>	<b>Amount</b>	<b>Refer- ence</b>	<b>BHF USE ONLY</b>	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(3,526)	02		4
5	Telephone, TV & Radio in Resident Rooms	(29,807)	05		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	128,761	30		9
10	Interest and Other Investment Income	(107)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax		02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(34,400)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(58,909)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ 2,012		\$	30

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

		1	2	
		<b>Amount</b>	<b>Reference</b>	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(16)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (16)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ 1,996		37

\*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

**C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)**

		1	2	3	4	
		<b>Yes</b>	<b>No</b>	<b>Amount</b>	<b>Reference</b>	
38	Medically Necessary Transport.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	<b>TOTAL (C): (sum of lines 38-46)</b>			\$		47

<b>BHF USE ONLY</b>					
48		49		50	51
					52

SEE ACCOUNTANTS' COMPILATION REPORT

P A Peterson Center for Hlth

ID# 0021238

Report Period Beginning: 07/01/12

Ending: 06/30/13

Sch. V Line

NON-ALLOWABLE EXPENSES

Amount

Reference

1	Finance Charge	\$ (1,200)	21	1
2	Health Trust Rebates	(33,276)	21	2
3	Marketing Salaries	(30,360)	43	3
4	Marketing Travel	(706)	25	4
5	Additional R&M	10,750	06	5
6	Capitalized R&M	(4,117)	06	6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43
44			44
45			45
46			46
47			47
48			48
49	<b>Total</b>	(58,909)	49

P A Peterson Center for Hlth

Report Period Beginning: ID# 0021238  
 Ending: 07/01/12  
 06/30/13

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
50		\$	1
51			2
52			3
53			4
54			5
55			6
56			7
57			8
58			9
59			10
60			11
61			12
62			13
63			14
64			15
65			16
66			17
67			18
68			19
69			20
70			21
71			22
72			23
73			24
74			25
75			26
76			27
77			28
78			29
79			30
80			31
81			32

82			33
83			34
84			35
85			36
86			37
87			38
88			39
89			40
90			41
91			42
92			43
93			44
94			45
95			46
96			47
97			48
98	<b>Total</b>	0	49

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number P A Peterson Center for Hlth

# 0021238

Report Period Beginning:

07/01/12

Ending:

06/30/13

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary													1
2	Food Purchase	(3,526)											(3,526)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(29,807)		2,112									(27,695)	5
6	Maintenance	6,633		24,734	1,412								32,779	6
7	Other (specify):*			2,752									2,752	7
8	<b>TOTAL General Services</b>	<b>(26,700)</b>		<b>29,598</b>	<b>1,412</b>								<b>4,310</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director													9
10	Nursing and Medical Records													10
10a	Therapy													10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*													15
16	<b>TOTAL Health Care and Programs</b>													<b>16</b>
	<b>C. General Administration</b>													
17	Administrative			426,122	97,727	158,745							682,594	17
18	Directors Fees													18
19	Professional Services			(742,167)	(145,669)	(220,451)							(1,108,287)	19
20	Fees, Subscriptions & Promotions	(34,400)		9,371	9,372	200							(15,457)	20
21	Clerical & General Office Expenses	(34,476)		46,394	2,492	5,291							19,701	21
22	Employee Benefits & Payroll Taxes			93,689	26,149	37,502							157,340	22
23	Inservice Training & Education													23
24	Travel and Seminar			4,065	3,381	59							7,505	24
25	Other Admin. Staff Transportation	(706)		8,306	355	5,973							13,928	25
26	Insurance-Prop.Liab.Malpractice			19,851	387	348							20,586	26
27	Other (specify):*													27
28	<b>TOTAL General Administration</b>	<b>(69,582)</b>		<b>(134,369)</b>	<b>(5,806)</b>	<b>(12,333)</b>							<b>(222,090)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	<b>(96,282)</b>		<b>(104,771)</b>	<b>(4,394)</b>	<b>(12,333)</b>							<b>(217,780)</b>	<b>29</b>

STATE OF ILLINOIS

Summary B

Facility Name & ID Number P A Peterson Center for Hlth

# 0021238

Report Period Beginning:

07/01/12

Ending:

06/30/13

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	128,761		21,758	1,008	4,526							156,053	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(107)		12,436	833	7,802							20,964	32
33	Real Estate Taxes													33
34	Rent-Facility & Grounds			68,310	2,549								70,859	34
35	Rent-Equipment & Vehicles			2,256	4								2,260	35
36	Other (specify):*													36
37	<b>TOTAL Ownership</b>	<b>128,654</b>		<b>104,760</b>	<b>4,394</b>	<b>12,328</b>							<b>250,136</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers													39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(30,360)											(30,360)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(30,360)</b>											<b>(30,360)</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	(sum of lines 29, 37 & 44)	2,012		(11)		(5)							1,996	45

**VII. RELATED PARTIES**

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Page 6-Supplemental		See Page 6-Supplemental		See Page 6-Supplemental		

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	17 Salaries & Wages		Lutheran Social Services of Illinois - Management Allocation	100.00%	426,122	\$	426,122	15
16	V	22 Empl Benefits & Taxes		Lutheran Social Services of Illinois - Management Allocation	100.00%	93,689		93,689	16
17	V	19 Prof Fees & Contracts		Lutheran Social Services of Illinois - Management Allocation	100.00%	39,543		39,543	17
18	V	21 Supplies, Telephone,		Lutheran Social Services of Illinois - Management Allocation	100.00%	26,021		26,021	18
19	V	34 Rental of Space		Lutheran Social Services of Illinois - Management Allocation	100.00%	68,310		68,310	19
20	V	5 Utilities		Lutheran Social Services of Illinois - Management Allocation	100.00%	2,112		2,112	20
21	V	6 Bldg Repairs & Maintenance		Lutheran Social Services of Illinois - Management Allocation	100.00%	9		9	21
22	V	32 Interest		Lutheran Social Services of Illinois - Management Allocation	100.00%	12,436		12,436	22
23	V	33 Real Estate Taxes		Lutheran Social Services of Illinois - Management Allocation	100.00%				23
24	V	26 Insurance		Lutheran Social Services of Illinois - Management Allocation	100.00%	19,851		19,851	24
25	V	20 Advertising & Promotions		Lutheran Social Services of Illinois - Management Allocation	100.00%				25
26	V	25 Transportation		Lutheran Social Services of Illinois - Management Allocation	100.00%	8,306		8,306	26
27	V	35 Car Rental		Lutheran Social Services of Illinois - Management Allocation	100.00%	1,176		1,176	27
28	V	24 Conferences & Conventions		Lutheran Social Services of Illinois - Management Allocation	100.00%	4,065		4,065	28
29	V	20 Subscriptions, Dues, Awards		Lutheran Social Services of Illinois - Management Allocation	100.00%	9,371		9,371	29
30	V	6 Furniture & Fixtures		Lutheran Social Services of Illinois - Management Allocation	100.00%	1		1	30
31	V	6 Machinery & Equipment		Lutheran Social Services of Illinois - Management Allocation	100.00%				31
32	V	35 Equipment Rental		Lutheran Social Services of Illinois - Management Allocation	100.00%	1,080		1,080	32
33	V	6 Equipment Repair & Maint.		Lutheran Social Services of Illinois - Management Allocation	100.00%	24,724		24,724	33
34	V	20 Employee Recruitment		Lutheran Social Services of Illinois - Management Allocation	100.00%				34
35	V	7 Security & Waste Removal		Lutheran Social Services of Illinois - Management Allocation	100.00%	2,752		2,752	35
36	V	21 All Other Miscellaneous		Lutheran Social Services of Illinois - Management Allocation	100.00%	20,373		20,373	36
37	V	30 Depreciation		Lutheran Social Services of Illinois - Management Allocation	100.00%	21,758		21,758	37
38	V	19 Management Fees	781,710	Lutheran Social Services of Illinois - Management Allocation	100.00%			(781,710)	38
39	Total		\$ 781,710			\$ 781,699	\$ *	(11)	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	17 Salaries & Wages	\$	Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%	\$ 97,727	\$	97,727	15
16	V	22 Empl Benefits & Taxes		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%	26,149		26,149	16
17	V	19 Prof Fees & Contracts		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%	45,164		45,164	17
18	V	21 Supplies, Telephone,		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%	2,348		2,348	18
19	V	34 Rental of Space		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%	2,549		2,549	19
20	V	5 Utilities		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%				20
21	V	6 Bldg Repairs & Maintenance		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%				21
22	V	32 Interest		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%	833		833	22
23	V	33 Real Estate Taxes		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%				23
24	V	26 Insurance		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%	387		387	24
25	V	20 Advertising & Promotions		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%				25
26	V	25 Transportation		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%	355		355	26
27	V	35 Car Rental		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%	4		4	27
28	V	24 Conferences & Conventions		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%	3,381		3,381	28
29	V	20 Subscriptions, Dues, Awards		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%	667		667	29
30	V	6 Furniture & Fixtures		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%				30
31	V	6 Machinery & Equipment		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%				31
32	V	35 Equipment Rental		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%				32
33	V	6 Equipment Repair & Maint.		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%	1,412		1,412	33
34	V	20 Employee Recruitment		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%	8,705		8,705	34
35	V	7 Security & Waste Removal		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%				35
36	V	21 All Other Miscellaneous		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%	144		144	36
37	V	30 Depreciation		Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%	1,008		1,008	37
38	V	19 Human Resources Allocations	190,833	Lutheran Social Services of Illinois - Human Resource Alloc.	100.00%			(190,833)	38
39	Total		\$ 190,833			\$ 190,833	\$ *		39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	17 Salaries & Wages	\$	Lutheran Social Services of Illinois - Network Administration	100.00%	\$ 158,745	\$	158,745	15
16	V	22 Empl Benefits & Taxes		Lutheran Social Services of Illinois - Network Administration	100.00%	37,502		37,502	16
17	V	19 Prof Fees & Contracts		Lutheran Social Services of Illinois - Network Administration	100.00%	6,691		6,691	17
18	V	21 Supplies, Telephone,		Lutheran Social Services of Illinois - Network Administration	100.00%	2,315		2,315	18
19	V	34 Rental of Space		Lutheran Social Services of Illinois - Network Administration	100.00%				19
20	V	5 Utilities		Lutheran Social Services of Illinois - Network Administration	100.00%				20
21	V	6 Bldg Repairs & Maintenance		Lutheran Social Services of Illinois - Network Administration	100.00%				21
22	V	32 Interest		Lutheran Social Services of Illinois - Network Administration	100.00%	7,802		7,802	22
23	V	33 Real Estate Taxes		Lutheran Social Services of Illinois - Network Administration	100.00%				23
24	V	26 Insurance		Lutheran Social Services of Illinois - Network Administration	100.00%	348		348	24
25	V	20 Advertising & Promotions		Lutheran Social Services of Illinois - Network Administration	100.00%	21		21	25
26	V	25 Transportation		Lutheran Social Services of Illinois - Network Administration	100.00%	5,973		5,973	26
27	V	35 Car Rental		Lutheran Social Services of Illinois - Network Administration	100.00%				27
28	V	24 Conferences & Conventions		Lutheran Social Services of Illinois - Network Administration	100.00%	59		59	28
29	V	20 Subscriptions, Dues, Awards		Lutheran Social Services of Illinois - Network Administration	100.00%	179		179	29
30	V	6 Furniture & Fixtures		Lutheran Social Services of Illinois - Network Administration	100.00%				30
31	V	6 Machinery & Equipment		Lutheran Social Services of Illinois - Network Administration	100.00%				31
32	V	35 Equipment Rental		Lutheran Social Services of Illinois - Network Administration	100.00%				32
33	V	6 Equipment Repair & Maint.		Lutheran Social Services of Illinois - Network Administration	100.00%				33
34	V	20 Employee Recruitment		Lutheran Social Services of Illinois - Network Administration	100.00%				34
35	V	7 Security & Waste Removal		Lutheran Social Services of Illinois - Network Administration	100.00%				35
36	V	21 All Other Miscellaneous		Lutheran Social Services of Illinois - Network Administration	100.00%	2,976		2,976	36
37	V	30 Depreciation		Lutheran Social Services of Illinois - Network Administration	100.00%	4,526		4,526	37
38	V	19 Service Network Allocations	227,142	Lutheran Social Services of Illinois - Network Administration	100.00%			(227,142)	38
39	Total		\$ 227,142			\$ 227,137	\$ *	(5)	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

**VII. RELATED PARTIES (continued)**

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

**VII. RELATED PARTIES (continued)**

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

**VII. RELATED PARTIES (continued)**

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

**VII. RELATED PARTIES (continued)**

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

**VII. RELATED PARTIES (continued)**

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

**VII. RELATED PARTIES (continued)**

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	LSSI	100%	St. Matthew Center for Health	Park Ridge, IL	VESPER MANAGEMENT	Des Plaines	MANAGEMENT CO.	1
2					LUTHERAN SOCIAL SERVICES	Des Plaines	CORPORATE OFFICE	2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number P A Peterson Center for Hlth

# 0021238

Report Period Beginning:

07/01/12

Ending: 06/30/13

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES  NO

Name of Related Organization \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City / State / Zip Code \_\_\_\_\_  
 Phone Number ( ) \_\_\_\_\_  
 Fax Number ( ) \_\_\_\_\_

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number P A Peterson Center for Hlth

# 0021238

Report Period Beginning:

07/01/12

Ending: 06/30/13

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES  NO

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	17	Salaries & Wages	Non-Capital Direct Costs 36,506,295	277	\$ 3,180,687	\$ 3,180,687	4,890,807	\$ 426,122	1
2	22	Empl Benefits & Taxes	36,506,295	277	699,318		4,890,807	93,689	2
3	19	Prof Fees & Contracts	36,506,295	277	295,156		4,890,807	39,543	3
4	21	Supplies, Telephone,	36,506,295	277	194,227		4,890,807	26,021	4
5		Postage, Out. Printing	36,506,295	277			4,890,807		5
6	34	Rental of Space	36,506,295	277	509,881		4,890,807	68,310	6
7	5	Utilities	36,506,295	277	15,766		4,890,807	2,112	7
8	6	Bldg Repairs & Maintenance	36,506,295	277	65		4,890,807	9	8
9	32	Interest	36,506,295	277	92,824		4,890,807	12,436	9
10	33	Real Estate Taxes	36,506,295	277			4,890,807		10
11	26	Insurance	36,506,295	277	148,175		4,890,807	19,851	11
12	20	Advertising & Promotions	36,506,295	277			4,890,807		12
13	25	Transportation	36,506,295	277	62,000		4,890,807	8,306	13
14	35	Car Rental	36,506,295	277	8,775		4,890,807	1,176	14
15	24	Conferences & Conventions	36,506,295	277	30,339		4,890,807	4,065	15
16	20	Subscriptions, Dues, Awards	36,506,295	277	69,950		4,890,807	9,371	16
17	6	Furniture & Fixtures	36,506,295	277	5		4,890,807	1	17
18	6	Machinery & Equipment	36,506,295	277			4,890,807		18
19	35	Equipment Rental	36,506,295	277	8,063		4,890,807	1,080	19
20	6	Equipment Repair & Maint.	36,506,295	277	184,543		4,890,807	24,724	20
21	20	Employee Recruitment	36,506,295	277			4,890,807		21
22	7	Security & Waste Removal	36,506,295	277	20,545		4,890,807	2,752	22
23	21	All Other Miscellaneous	36,506,295	277	152,067		4,890,807	20,373	23
24	30	Depreciation	36,506,295	277	162,410		4,890,807	21,758	24
25	TOTALS				\$ 5,834,796	\$ 3,180,687		\$ 781,699	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number P A Peterson Center for Hlth

# 0021238

Report Period Beginning:

07/01/12

Ending: 06/30/13

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES  NO

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	17	Salaries & Wages	62,244,950	277	\$ 970,445	\$ 970,445	6,268,273	\$ 97,727	1
2	22	Empl Benefits & Taxes	62,244,950	277	259,662		6,268,273	26,149	2
3	19	Prof Fees & Contracts	62,244,950	277	448,481		6,268,273	45,164	3
4	21	Supplies, Telephone,	62,244,950	277			6,268,273		4
5		Postage, Out. Printing	62,244,950	277	23,319		6,268,273	2,348	5
6	34	Rental of Space	62,244,950	277	25,312		6,268,273	2,549	6
7	5	Utilities	62,244,950	277			6,268,273		7
8	6	Bldg Repairs & Maintenance	62,244,950	277			6,268,273		8
9	32	Interest	62,244,950	277	8,274		6,268,273	833	9
10	33	Real Estate Taxes	62,244,950	277			6,268,273		10
11	26	Insurance	62,244,950	277	3,842		6,268,273	387	11
12	20	Advertising & Promotions	62,244,950	277			6,268,273		12
13	25	Transportation	62,244,950	277	3,521		6,268,273	355	13
14	35	Car Rental	62,244,950	277	37		6,268,273	4	14
15	24	Conferences & Conventions	62,244,950	277	33,575		6,268,273	3,381	15
16	20	Subscriptions, Dues, Awards	62,244,950	277	6,626		6,268,273	667	16
17	6	Furniture & Fixtures	62,244,950	277			6,268,273		17
18	6	Machinery & Equipment	62,244,950	277			6,268,273		18
19	35	Equipment Rental	62,244,950	277			6,268,273		19
20	6	Equipment Repair & Maint.	62,244,950	277	14,019		6,268,273	1,412	20
21	20	Employee Recruitment	62,244,950	277	86,440		6,268,273	8,705	21
22	7	Security & Waste Removal	62,244,950	277			6,268,273		22
23	21	All Other Miscellaneous	62,244,950	277	1,433		6,268,273	144	23
24	30	Depreciation	62,244,950	277	10,009		6,268,273	1,008	24
25	TOTALS				\$ 1,894,995	\$ 970,445		\$ 190,833	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number P A Peterson Center for Hlth

# 0021238

Report Period Beginning:

07/01/12

Ending: 06/30/13

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES  NO

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

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	17	Salaries & Wages	Non-Capital Direct Costs	8,215,873	22	\$ 266,670	\$ 266,670	4,890,807	\$ 158,745	1
2	22	Empl Benefits & Taxes		8,215,873	22	62,998	4,890,807	37,502		2
3	19	Prof Fees & Contracts		8,215,873	22	11,240	4,890,807	6,691		3
4	21	Supplies, Telephone,		8,215,873	22	3,889	4,890,807	2,315		4
5		Postage, Out. Printing		8,215,873	22		4,890,807			5
6	34	Rental of Space		8,215,873	22		4,890,807			6
7	5	Utilities		8,215,873	22		4,890,807			7
8	6	Bldg Repairs & Maintenance		8,215,873	22		4,890,807			8
9	32	Interest		8,215,873	22	13,106	4,890,807	7,802		9
10	33	Real Estate Taxes		8,215,873	22		4,890,807			10
11	26	Insurance		8,215,873	22	585	4,890,807	348		11
12	20	Advertising & Promotions		8,215,873	22	35	4,890,807	21		12
13	25	Transportation		8,215,873	22	10,033	4,890,807	5,973		13
14	35	Car Rental		8,215,873	22		4,890,807			14
15	24	Conferences & Conventions		8,215,873	22	99	4,890,807	59		15
16	20	Subscriptions, Dues, Awards		8,215,873	22	300	4,890,807	179		16
17	6	Furniture & Fixtures		8,215,873	22		4,890,807			17
18	6	Machinery & Equipment		8,215,873	22		4,890,807			18
19	35	Equipment Rental		8,215,873	22		4,890,807			19
20	6	Equipment Repair & Maint.		8,215,873	22		4,890,807			20
21	20	Employee Recruitment		8,215,873	22		4,890,807			21
22	7	Security & Waste Removal		8,215,873	22		4,890,807			22
23	21	All Other Miscellaneous		8,215,873	22	5,000	4,890,807	2,976		23
24	30	Depreciation		8,215,873	22	7,603	4,890,807	4,526		24
25	TOTALS					\$ 381,558	\$ 266,670	\$ 227,137		25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number P A Peterson Center for Hlth

# 0021238

Report Period Beginning:

07/01/12

Ending: 06/30/13

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES  NO

Name of Related Organization \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City / State / Zip Code \_\_\_\_\_  
 Phone Number ( ) \_\_\_\_\_  
 Fax Number ( ) \_\_\_\_\_

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number P A Peterson Center for Hlth

# 0021238

Report Period Beginning:

07/01/12

Ending: 06/30/13

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES  NO

Name of Related Organization \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City / State / Zip Code \_\_\_\_\_  
 Phone Number ( ) \_\_\_\_\_  
 Fax Number ( ) \_\_\_\_\_

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number P A Peterson Center for Hlth

# 0021238

Report Period Beginning:

07/01/12

Ending:

06/30/13

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES  NO

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

Name of Related Organization \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City / State / Zip Code \_\_\_\_\_  
 Phone Number ( ) \_\_\_\_\_  
 Fax Number ( ) \_\_\_\_\_

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number P A Peterson Center for Hlth

# 0021238

Report Period Beginning:

07/01/12

Ending: 06/30/13

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES  NO

Name of Related Organization \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City / State / Zip Code \_\_\_\_\_  
 Phone Number ( ) \_\_\_\_\_  
 Fax Number ( ) \_\_\_\_\_

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number P A Peterson Center for Hlth

# 0021238

Report Period Beginning:

07/01/12

Ending: 06/30/13

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES  NO

Name of Related Organization \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City / State / Zip Code \_\_\_\_\_  
 Phone Number ( ) \_\_\_\_\_  
 Fax Number ( ) \_\_\_\_\_

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number P A Peterson Center for Hlth

# 0021238

Report Period Beginning:

07/01/12

Ending: 06/30/13

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES  NO

Name of Related Organization \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City / State / Zip Code \_\_\_\_\_  
 Phone Number ( ) \_\_\_\_\_  
 Fax Number ( ) \_\_\_\_\_

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

P A Peterson Center for Hlth

# 0021238

Report Period Beginning:

07/01/12

Ending:

06/30/13

**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	Name of Lender	2		3	4	5	6		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			
	<b>A. Directly Facility Related</b>																
	<b>Long-Term</b>																
1	Tax Exempt Bonds		X	Refinance of 1993 Bonds		2/16/2006	\$ 4,388,000	\$ 3,603,645	2/16/2028	0.0523	\$ 206,117	1					
2												2					
3												3					
4												4					
5												5					
	<b>Working Capital</b>																
6												6					
7												7					
8												8					
9	<b>TOTAL Facility Related</b>						\$ 4,388,000	\$ 3,603,645			\$ 206,117	9					
	<b>B. Non-Facility Related*</b>																
10	Interest Income		X								(107)	10					
11	Allocate LSSI (Schedule VIII)		X								21,071	11					
12												12					
13												13					
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ 20,964	14					
15	<b>TOTALS (line 9+line14)</b>						\$ 4,388,000	\$ 3,603,645			\$ 227,081	15					

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

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

(See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

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

(See instructions.)

Facility Name & ID Number

P A Peterson Center for Hlth

# 0021238

Report Period Beginning:

07/01/12

Ending:

06/30/13

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

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

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

\* 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.)



## 2012 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME P A Peterson Center for Hlth COUNTY Winnebago  
 FACILITY IDPH LICENSE NUMBER 0021238  
 CONTACT PERSON REGARDING THIS REPORT Steve Lavenda  
 TELEPHONE (847) 236-1111 FAX #: (847) 236-1155

**A. Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2012 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 2012.

(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>163B600 12-19-101-001</u>	<u>Long term Care Property</u>	\$ <u>177,849.15</u>	\$ <u>177,849.15</u>
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u><u>177,849.15</u></u>	\$ <u><u>177,849.15</u></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        X   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 2012 tax bills which were listed in Section A to this statement. Be sure to use the 2012 tax bill which is normally paid during 2013.

**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.**



4.	_____	_____	\$ _____	\$ _____
5.	_____	_____	\$ _____	\$ _____
6.	_____	_____	\$ _____	\$ _____
7.	_____	_____	\$ _____	\$ _____
8.	_____	_____	\$ _____	\$ _____
9.	_____	_____	\$ _____	\$ _____
10.	_____	_____	\$ _____	\$ _____
		<b>TOTALS</b>	\$ _____	\$ _____

**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 & 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 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2001.

X. BUILDING AND GENERAL INFORMATION:

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

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

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

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

None

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

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

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

XI. OWNERSHIP COSTS:

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

SEE ACCOUNTANTS' COMPILATION REPORT

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	158	1942	1942	\$ 95,858	\$	40	\$	\$	\$ 95,858	4
5		1979	1979	5,596,922		40	139,923	139,923	4,756,800	5
6										6
7										7
8										8
Improvement Type**										
9	Various		1969	5,300		20			5,300	9
10	Various		1975	9,226		20			9,226	10
11	Various		1977	10,074		20			10,074	11
12	Various		1980	71,947		20	35	35	71,947	12
13	Various		1981	7,309		20			7,309	13
14	Various		1982	6,151		20			6,151	14
15	Various		1983	30,936		20			30,936	15
16	Various		1984	15,554		20			15,554	16
17	Various		1985	4,850		20			4,850	17
18	Various		1986	21,640		20			21,640	18
19	Various		1988	4,414		20			4,414	19
20	Various		1989	71,006		20			71,006	20
21	Various		1990	103,287		20	4,279	4,279	102,077	21
22	Various		1991	64,328		20			64,328	22
23	Various		1992	20,528		20			20,528	23
24	Various		1993	4,296		20			4,296	24
25	Various		1994	86,971		20			86,971	25
26	Various		1995	767,445		20	30,034	30,034	631,853	26
27	Various		1996	12,220		20			12,220	27
28	Various		1997	2,685		20			2,685	28
29	Various		1998	149,521		20	2,672	2,672	132,412	29
30	Various		1999	17,200		20			17,201	30
31	Various		2000	63,500		20	3,175	3,175	38,291	31
32	Various		2001	109,787		20	5,491	5,491	80,333	32
33	Various		2002	79,186		20	3,960	3,960	59,153	33
34	Various		2003	121,363		20	7,304	7,304	97,774	34
35	Various		2004	10,088		20	504	504	4,798	35
36	Various		2005	1,697,455		20	84,874	84,874	680,836	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 and Improvement Costs-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 Various	2006	\$ 371,882	\$	20	\$ 18,597	\$ 18,597	\$ 144,768	37
38 Various	2007	1,287,268		20	64,362	64,362	463,228	38
39 Various	2008	249,406		20	12,245	12,245	76,657	39
40 Various	2009	299,923		20	15,130	15,130	71,749	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 <u>Related Building Company (Pages 12F &amp; 12G)</u>								67
68 <u>Related Party Allocations (Pages 12H &amp; 12I)</u>			27,292			(27,292)		68
69 <u>Financial Statement Depreciation</u>			554,436			(554,436)		69
70 <b>TOTAL (lines 4 thru 69)</b>		\$ 11,469,526	\$ 581,728		\$ 392,585	\$ (189,143)	\$ 7,903,223	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number P A Peterson Center for Hlth

# 0021238

Report Period Beginning:

07/01/12

Ending:

06/30/13

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 11,469,526	\$ 581,728		\$ 392,585	\$ (189,143)	\$ 7,903,223	1
2	Air Compressor	2010	4,051		20	203	203	811	2
3	Wanderguard System	2010	11,200		20	560	560	2,240	3
4	Boiler Repair	2010	10,303		20	515	515	2,060	4
5	Paving/Striping Of Parking Lot	2010	7,523		20	376	376	1,504	5
6	Front Railing	2010	2,574		20	129	129	515	6
7	Bathroom Repairs	2010	3,639		20	182	182	728	7
8	Refrigeration Repairs	2010	2,696		20	135	135	539	8
9	A/C Repairs	2010	3,086		20	154	154	617	9
10	Wander Guard Door Alarms-3Rd Fl	2010	5,000		20	500	500	1,500	10
11	Remove/Replace Damaged Guard Rail	2010	3,275		20	164	164	492	11
12	Repair Leak In Hot Water Pump	2010	2,679		20	134	134	402	12
13	Replace Radiator	2010	2,737		20	137	137	411	13
14	Install Teknofloor In 2Nd Floor Dining Room	2011	4,900		20	245	245	735	14
15	2Nd Floor Dining Room Renovations-Wallcoverings, Awnings	2011	16,068		20	803	803	2,410	15
16	Interior Lighting Upgrade	2011	22,147		20	1,107	1,107	3,322	16
17	Repair Hot Water Mixing Valve Nop	2011	4,527		20	226	226	679	17
18	100 Ton Chiller Compressor	2011	22,282		20	1,114	1,114	2,228	18
19	Cabling / Wireless Access	2011	10,250		20	512	512	1,024	19
20	Service To Fire Alarm	2011	3,235		20	162	162	324	20
21	Door & Hardware	2011	6,402		20	320	320	640	21
22	Replace Tubes On Boiler	2011	4,495		20	225	225	450	22
23	Mixing, Relief, Check Valves - Expanse Tank	2012	4,928		20	246	246	492	23
24	Electric Booster Heater	2012	2,720		20	136	136	272	24
25	Smoke Detectors / Horn & Strobe Lights	2012	11,618		20	581	581	1,162	25
26	Plumbing Below Concrete Floor In Kitchen	2012	30,702		20	1,535	1,535	3,070	26
27	Sewer Pipe Work Below Concrete Fl Kitchen	2012	38,557		20	1,928	1,928	3,856	27
28	Walk-In Cooler / Freezer	2012	17,633		20	882	882	1,764	28
29	Washable Panels-East Wall In Kitchen	2012	3,700		20	185	185	370	29
30	Architectural Services-Idph Tag-Kozo	2012	8,875		20	444	444	888	30
31	Exterior Brick Stone & Coping	2012	127,650		20	6,383	6,383	12,766	31
32	Chiller Staging Sequencer Repair	2012	3,136		20	157	157	314	32
33	Kitchen Sinks / Sink Bowls	2012	5,242		20	262	262	262	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 11,877,356	\$ 581,728		\$ 413,227	\$ (168,501)	\$ 7,952,070	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 and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12B, Carried Forward</b>		\$ 11,877,356	\$ 581,728		\$ 413,227	\$ (168,501)	\$ 7,952,070	1
2	Architectural Services -Grease Trap And Kitchen Renovation	2012	21,239		20	1,062	1,062	1,062	2
3	Flooring - Main Dining Room & Storage Room	2012	3,990		20	200	200	200	3
4	Flooring - Gr Floor Dining Room & Elevator Hallway	2012	6,200		20	310	310	310	4
5	Flooring - Private Dining Room	2012	3,655		20	183	183	183	5
6	Kitchen Floor - Quarry Tile	2012	17,078		20	854	854	854	6
7	Walk-In Cooler / Freezer	2012	14,000		20	700	700	700	7
8	Sewer Pipes Below Concrete Floor In Kitchen	2012	35,342		20	1,767	1,767	1,767	8
9	Kitchen Suspended Ceiling / Washable Tiles/Soffit	2012	11,673		20	584	584	584	9
10	Exterior Grease Trap & Plumbing Pipes	2012	67,480		20	3,374	3,374	3,374	10
11	Concrete For Grease Trap / Backfill / Excavation	2012	27,000		20	1,350	1,350	1,350	11
12	Reconnect Electric Kitchen Fixtures & Appliances	2012	6,660		20	333	333	333	12
13	Electrical System For Grease Trap	2012	8,105		20	405	405	405	13
14	Reconnect Plumbing Kitchen Fixtures & Appliances	2012	10,856		20	543	543	543	14
15	Kitchen Office Door Relocation	2012	8,870		20	444	444	444	15
16	Walk-In Cooler / Freezer	2012	26,913		20	1,346	1,346	1,346	16
17	Cabling / Wireless Access	2012	15,733		20	787	787	787	17
18	A/C Repairs	2012	4,117		20	206	206	206	18
19	Teknoflor Flooring - Ground Floor	2013	28,478		20	1,424	1,424	1,424	19
20	Teknoflor Flooring - Room 310	2013	2,665		20	133	133	133	20
21	Remote "Kill" Switch For Emergency Generator	2013	2,611		20	131	131	131	21
22	Flooring-2Nd Fl Corridors/Nurses Station	2013	28,133		20	1,407	1,407	1,407	22
23	Replacement Of Compressor For Kitchen A/C System	2013	8,270		20	414	414	414	23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 12,236,424	\$ 581,728		\$ 431,180	\$ (150,548)	\$ 7,970,023	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 and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 12,236,424	\$ 581,728		\$ 431,180	\$ (150,548)	\$ 7,970,023	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34		\$ 12,236,424	\$ 581,728		\$ 431,180	\$ (150,548)	\$ 7,970,023	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 and Improvement Costs-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 12D, Carried Forward		\$ 12,236,424	\$ 581,728		\$ 431,180	\$ (150,548)	\$ 7,970,023	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,236,424	\$ 581,728		\$ 431,180	\$ (150,548)	\$ 7,970,023	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 and Improvement Costs-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	<b>Building Company Information</b>		\$	\$		\$	\$	\$	1
2	<b>Buildings:</b>								2
3									3
4									4
5									5
6									6
7									7
8	<b>Leasehold Improvements</b>								8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34									34

SEE ACCOUNTANTS' COMPILATION REPORT

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

**XI. OWNERSHIP COSTS (continued)**

**B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$	\$		\$	\$	\$	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34		\$	\$		\$	\$	\$	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 and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3	Year Constructed	4	Cost	5	Current Book Depreciation	6	Life in Years	7	Straight Line Depreciation	8	Adjustments	9	Accumulated Depreciation	
1	Related Party Information			\$		\$				\$		\$		\$		1
2	Buildings:															2
3																3
4																4
5																5
6																6
7																7
8	Leasehold Information															8
9																9
10	LSSI Allocation (Schedule VIII)						27,292						(27,292)			10
11																11
12																12
13																13
14																14
15																15
16																16
17																17
18																18
19																19
20																20
21																21
22																22
23																23
24																24
25																25
26																26
27																27
28																28
29																29
30																30
31																31
32																32
33																33
34																34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
1		\$	\$		\$	\$	\$
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
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20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34	TOTAL (12H & 12I lines 1 thru 33)	\$	\$ 27,292		\$	\$ (27,292)	\$

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 2,754,906	\$	\$ 270,313	\$ 270,313	10	\$ 2,556,139	71
72	Current Year Purchases	58,366		5,837	5,837	10	9,847	72
73	Fully Depreciated Assets	741,510				10	741,510	73
74								74
75	TOTALS	\$ 3,554,782	\$	\$ 276,150	\$ 276,150		\$ 3,307,496	75

D. Vehicle Costs. (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		2006 Chevy Turtle Top Bus	2006	\$ 96,576	\$	\$	\$	5	\$ 96,576	76
77		94 Chevrolet Pickup	2011	15,788		3,158	3,158	5	6,316	77
78										78
79										79
80	TOTALS			\$ 112,364	\$	\$ 3,158	\$ 3,158		\$ 102,892	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)	\$ 15,912,025	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 581,728	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 710,489	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 128,761	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 11,380,412	85

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

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

G. Construction-in-Progress

	Description	Cost	
92	Nurse Call System	\$ 110,332	92
93			93
94			94
95		\$ 110,332	95

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

1. Name of Party Holding Lease: N/A

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

If NO, see instructions.  YES  NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5	Allocate LSSI (Schedule VIII)				70,859			5
6								6
7	TOTAL				\$ 70,859			7

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. \_\_\_\_\_ /2014                      \$ \_\_\_\_\_

13. \_\_\_\_\_ /2015                      \$ \_\_\_\_\_

14. \_\_\_\_\_ /2016                      \$ \_\_\_\_\_

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: \$ 9,292

Description: See Attached Schedule

(Attach a schedule detailing the breakdown of movable equipment)

**C. Vehicle Rental (See instructions.)**

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Facility		\$	2,584	17
18	Allocate LSSI (Schedule VIII)			1,180	18
19					19
20					20
21	TOTAL		\$	3,764	21

\* 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.

SEE ACCOUNTANTS' COMPILATION REPORT

**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><b>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</b></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><b>2. CLASSROOM PORTION:</b></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><b>3. CLINICAL PORTION:</b></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
---	---	--

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

		Facility		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	<b>TOTALS</b>	\$	\$	\$	\$
10	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)	
<b>TOTAL TRAINED</b>	

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

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

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

	Service	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	39 - 03	hrs	\$		\$	612,410	\$		\$	612,410	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs				111,461				111,461	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39 - 03	hrs				1,031,358				1,031,358	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 prescrpts					434,294			434,294	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs									10
11	Academic Education		hrs									11
12	Other (specify):											12
13	Other (specify): <u>See Supplemental</u>						86,838	450,946			537,784	13
14	<b>TOTAL</b>			\$		\$	1,842,067	\$	885,240	\$	2,727,307	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 P A Peterson Center for Hlth

# 0021238

Report Period Beginning: 07/01/12

Ending:

06/30/13

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 06/30/13 (last day of reporting year)

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

\*(See instructions.)

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

\* 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	
I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 12,300,912	1
2	Discounts and Allowances for all Levels	(202,877)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	<b>\$ 12,098,035</b>	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	549,835	6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	<b>\$ 549,835</b>	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	1,807	13
14	Non-Patient Meals	3,526	14
15	Telephone, Television and Radio	16,250	15
16	Rental of Facility Space		16
17	Sale of Drugs	1,083	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray	209	20
21	Other Medical Services	200,967	21
22	Laundry	17,776	22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	<b>\$ 241,618</b>	23
<b>D. Non-Operating Revenue</b>			
24	Contributions	8,885	24
25	Interest and Other Investment Income***	107	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	<b>\$ 8,992</b>	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>See Supplemental Schedule</u>	62,964	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	<b>\$ 62,964</b>	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	<b>\$ 12,961,444</b>	30

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,893,755	31
32	Health Care	3,895,347	32
33	General Administration	3,756,206	33
<b>B. Capital Expense</b>			
34	Ownership	952,650	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	2,757,667	35
36	Provider Participation Fee	70,616	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	<b>\$ 13,326,241</b>	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	<b>(364,797)</b>	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	<b>\$ (364,797)</b>	43

<b>III. Net Inpatient Revenue detailed by Payer Source</b>			
44	Medicaid - Net Inpatient Revenue	\$ 900,711	44
45	Private Pay - Net Inpatient Revenue	6,525,134	45
46	Medicare - Net Inpatient Revenue	4,672,190	46
47	Other-(specify)		47
48	Other-(specify)		48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	<b>\$ 12,098,035</b>	49

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

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

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

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

**SEE ACCOUNTANTS' COMPILATION REPORT**

Facility Name & ID Number P A Peterson Center for Hlth

# 0021238

Report Period Beginning:

07/01/12

Ending:

06/30/13

**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	1,969	2,350	\$ 97,835	\$ 41.63	1
2	Assistant Director of Nursing	1,918	2,216	85,002	38.36	2
3	Registered Nurses	36,147	39,228	1,045,340	26.65	3
4	Licensed Practical Nurses	33,916	36,837	810,722	22.01	4
5	CNAs & Orderlies	96,363	103,472	1,233,753	11.92	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	16,121	17,389	171,125	9.84	10
11	Social Service Workers	6,845	7,278	91,112	12.52	11
12	Dietician					12
13	Food Service Supervisor	1,507	1,658	20,700	12.48	13
14	Head Cook	10,425	11,204	105,875	9.45	14
15	Cook Helpers/Assistants	28,690	30,609	265,124	8.66	15
16	Dishwashers					16
17	Maintenance Workers	8,397	9,224	138,974	15.07	17
18	Housekeepers	18,861	20,492	179,329	8.75	18
19	Laundry					19
20	Administrator	1,703	1,992	90,787	45.58	20
21	Assistant Administrator	1,417	1,686	47,547	28.20	21
22	Other Administrative	1,783	2,296	64,315	28.01	22
23	Office Manager	1,980	2,245	51,766	23.06	23
24	Clerical	23,193	25,852	404,516	15.65	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	3,723	4,448	97,214	21.86	33
34	TOTAL (lines 1 - 33)	294,958	320,476	\$ 5,001,036 *	\$ 15.61	34

**B. CONSULTANT SERVICES**

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	As Needed	\$ 130,129	01-03	35
36	Medical Director	As Needed	19,010	09-03	36
37	Medical Records Consultant	As Needed	6,487	10-03	37
38	Nurse Consultant	As Needed	14,654	10-03	38
39	Pharmacist Consultant	As Needed	15,653	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	As Needed	3,432	11-03	44
45	Social Service Consultant	As Needed	9,846	12-03	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 199,211		49

**C. CONTRACT NURSES**

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	As Needed	\$ 78,236	10-03	50
51	Licensed Practical Nurses	As Needed	38,497	10-03	51
52	Certified Nurse Assistants/Aides	As Needed	15,724	10-03	52
53	TOTAL (lines 50 - 52)		\$ 132,457		53

SEE ACCOUNTANTS' COMPILATION REPORT

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

\*\* See instructions.



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

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1	N/A	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. LSN \$10,284
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 10 Yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 17,030 Line 10-02
- (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. \$ 70,616  
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.

SEE ACCOUNTANTS' COMPILATION REPORT

- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 3,526
- (16) Travel and Transportation
  - a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.
  - b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
  - c. What percent of all travel expense relates to transportation of nurses and patients? None
  - d. Have vehicle usage logs been maintained? Yes
  - e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
  - f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
  - g. Does the facility transport residents to and from day training? No**  
**Indicate the amount of income earned from providing such transportation during this reporting period.** \$ \_\_\_\_\_
- (17) Has an audit been performed by an independent certified public accounting firm? Yes  
Firm Name: Baker Tilly Virchow Krause, 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? Yes  
Attach invoices and a summary of services for all architect and appraisal fees.