

		FOR BHF USE					

LL1

2012
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2012)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH License ID Number: 0019109 Facility Name: The Lutheran Home Address: 6901 North Galena Road Peoria 61614 County: Peoria Telephone Number: 314-968-9313 Fax #: 314-968-5590 HFS ID Number: Date of Initial License for Current Owners: 2/25/2007 Type of Ownership: ☒ VOLUNTARY,NON-PROFIT ☒ Charitable Corp. ☐ Trust IRS Exemption Code 501(c)3 ☐ PROPRIETARY ☐ Individual ☐ Partnership ☐ Corporation ☐ "Sub-S" Corp. ☐ Limited Liability Co. ☐ Trust ☐ Other ☐ GOVERNMENTAL ☐ State ☐ County ☐ Other
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In the event there are further questions about this report, please contact:

Name: Paul Ogier

Telephone Number: 314-968-9313

Email Address:

Facility Name & ID Number The Lutheran Home# 0019109 Report Period Beginning: 1/1/2012 Ending: 12/31/2012

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>85</u>	Skilled (SNF)	<u>85</u>	<u>31,110</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>85</u>	TOTALS	<u>85</u>	<u>31,110</u>	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	<u>3,013</u>	<u>19,373</u>	<u>4,683</u>	<u>27,069</u>	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>3,013</u>	<u>19,373</u>	<u>4,683</u>	<u>27,069</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 87.01%

D. How many bed-hold days during this year were paid by the Department?

0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

None

F. Does the facility maintain a daily midnight census?

YesG. 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 6/1/1976

J. Was the facility purchased or leased after January 1, 1978?

YES ☐ Date _____ NO ☒

K. Was the facility certified for Medicare during the reporting year?

YES ☒ NO ☐ If YES, enter number
of beds certified 85 and days of care provided 4,074Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED
CASH* ☐ CASH* ☐Is your fiscal year identical to your tax year? YES ☒ NO ☐Tax Year: 12/31/2012 Fiscal Year: 12/31/2012

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

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	384,047	25,360	15,361	424,768		424,768	(6,127)	418,641			1
2	Food Purchase		220,396		220,396		220,396	(67)	220,329			2
3	Housekeeping	173,244	27,366	12,245	212,855		212,855	(465)	212,390			3
4	Laundry	35,768	12,387	10,386	58,541		58,541		58,541			4
5	Heat and Other Utilities			71,128	71,128		71,128		71,128			5
6	Maintenance	112,213	34,402	129,230	275,845		275,845	(45)	275,800			6
7	Other (specify):*											7
8	TOTAL General Services	705,272	319,911	238,350	1,263,533		1,263,533	(6,704)	1,256,829			8
	B. Health Care and Programs											
9	Medical Director			6,000	6,000		6,000		6,000			9
10	Nursing and Medical Records	2,142,095	42,157	39,745	2,223,997		2,223,997		2,223,997			10
10a	Therapy		198	544,450	544,648		544,648		544,648			10a
11	Activities	143,850	12,964	9,044	165,858		165,858	(277)	165,581			11
12	Social Services	41,228	399	1,215	42,842		42,842		42,842			12
13	CNA Training											13
14	Program Transportation	9,632	3,719	3,364	16,715		16,715	(5,823)	10,892			14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	2,336,805	59,437	603,818	3,000,060		3,000,060	(6,100)	2,993,960			16
	C. General Administration											
17	Administrative	36,494		145,062	181,556		181,556		181,556			17
18	Directors Fees											18
19	Professional Services			470,782	470,782		470,782	61,134	531,916			19
20	Dues, Fees, Subscriptions & Promotions			16,997	16,997		16,997		16,997			20
21	Clerical & General Office Expenses	173,172	8,610	71,798	253,580		253,580	(8,105)	245,475			21
22	Employee Benefits & Payroll Taxes			853,760	853,760		853,760		853,760			22
23	Inservice Training & Education											23
24	Travel and Seminar			14,326	14,326		14,326		14,326			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			67,277	67,277		67,277		67,277			26
27	Other (specify):* Marketing	58,103	2,473	3,013	63,589		63,589	(63,589)				27
28	TOTAL General Administration	267,769	11,083	1,643,015	1,921,867		1,921,867	(10,560)	1,911,307			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,309,846	390,431	2,485,183	6,185,460		6,185,460	(23,364)	6,162,096			29

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

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			508,348	508,348		508,348	(170,231)	338,117			30
31	Amortization of Pre-Op. & Org.			3,759	3,759		3,759		3,759			31
32	Interest			220,282	220,282		220,282	(61,681)	158,601			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	TOTAL Ownership			732,389	732,389		732,389	(231,912)	500,477			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		228,260	67,005	295,265		295,265		295,265			39
40	Barber and Beauty Shops		19,974		19,974		19,974	(19,974)				40
41	Coffee and Gift Shops			6,511	6,511		6,511		6,511			41
42	Provider Participation Fee			183,234	183,234		183,234		183,234			42
43	Other (specify):* AL/IL	1,566,895	787,438	6,887,150	9,241,483		9,241,483	(9,241,483)				43
44	TOTAL Special Cost Centers	1,566,895	1,035,672	7,143,900	9,746,467		9,746,467	(9,261,457)	485,010			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	4,876,741	1,426,103	10,361,472	16,664,316		16,664,316	(9,516,733)	7,147,583			45

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

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

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(6,127)	1		4
5	Telephone, TV & Radio in Resident Rooms	(264)	21		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(170,231)	30		9
10	Interest and Other Investment Income	(58,872)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(956)	21		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	(6,184)	21		24
25	Fund Raising, Advertising and Promotional				25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(9,335,233)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (9,577,867)		\$	30

BHF USE ONLY							
48		49		50		51	52

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 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	61,134	VII-B	34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 61,134		36
(sum of SUBTOTALS				
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (9,516,733)		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 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

The Lutheran Home

ID# 0019109

Report Period Beginning: 1/1/2012

Ending: 12/31/2012

NON-ALLOWABLE EXPENSES			Sch. V Line	
		Amount	Reference	
1	Beauty Shop Income	\$ (19,974)	40	1
2	Transportation Income	(5,823)	14	2
3	Guest Room Rent	(465)	3	3
4	Miscellaneous Income	(365)	21	4
5	Interest on Past Due Accounts	(2,809)	32	5
6	Activities	(277)	11	6
7	IL and AL Expenses	(9,241,483)	43	7
8	Liquor Expense	(67)	2	8
9	Maintenance Services	(45)	6	9
10	Finance and Late Fees	(131)	21	10
11	Marketing Expenses	(63,589)	27	11
12	Senior Fit	(205)	21	12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(9,335,233)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number The Lutheran Home

0019109

Report Period Beginning:

1/1/2012

Ending:

12/31/2012

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	(6,127)	0	0	0	0	0	0	0	0	0	0	(6,127)	1
2	Food Purchase	(67)	0	0	0	0	0	0	0	0	0	0	(67)	2
3	Housekeeping	(465)	0	0	0	0	0	0	0	0	0	0	(465)	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	(45)	0	0	0	0	0	0	0	0	0	0	(45)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(6,704)	0	0	0	0	0	0	0	0	0	0	(6,704)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	(277)	0	0	0	0	0	0	0	0	0	0	(277)	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	(5,823)	0	0	0	0	0	0	0	0	0	0	(5,823)	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	(6,100)	0	0	0	0	0	0	0	0	0	0	(6,100)	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	61,134	0	0	0	0	0	0	0	0	0	61,134	19
20	Fees, Subscriptions & Promotions	0	0	0	0	0	0	0	0	0	0	0	0	20
21	Clerical & General Office Expenses	(8,105)	0	0	0	0	0	0	0	0	0	0	(8,105)	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	(63,589)	0	0	0	0	0	0	0	0	0	0	(63,589)	27
28	TOTAL General Administration	(71,694)	61,134	0	0	0	0	0	0	0	0	0	(10,560)	28
	TOTAL Operating Expense													
29	(sum of lines 8,16 & 28)	(84,498)	61,134	0	0	0	0	0	0	0	0	0	(23,364)	29

Summary B

12/31/2012

Capital Expense	PAGES	PAGE	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	
Depreciation	(170,231)	0	0	0	0	0	0	0	0	0	0	0	(170,231)	30
Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	0	31
Interest	(61,681)	0	0	0	0	0	0	0	0	0	0	0	(61,681)	32
Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	0	33
Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	0	34
Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	0	35
Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	0	36
TOTAL Ownership	(231,912)	0	0	0	0	0	0	0	0	0	0	0	(231,912)	37
Ancillary Expense														
E. Special Cost Centers														
Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	38
Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	0	39
Barber and Beauty Shops	(19,974)	0	0	0	0	0	0	0	0	0	0	0	(19,974)	40
Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	0	41
Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	0	42
Other (specify):*	(9,241,483)	0	0	0	0	0	0	0	0	0	0	0	(9,241,483)	43
TOTAL Special Cost Centers	(9,261,457)	0	0	0	0	0	0	0	0	0	0	0	(9,261,457)	44
GRAND TOTAL COST (sum of lines 29, 37 & 44)	(9,577,867)	61,134	0	0	0	0	0	0	0	0	0	0	(9,516,733)	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 Board Listing at PG6-Supp				Lutheran Senior Servi	St. Louis, MO	Home Office

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

YES

NO

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	19	Management Fee	\$ 446,718	Lutheran Senior Services	100.00%	\$ 507,852	\$ 61,134	1
2	V								2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			\$ 446,718			\$ 507,852	\$ * 61,134	14

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

Facility Name & ID Number

The Lutheran Home

0019109

Report Period Beginning:

1/1/2012

Ending:

12/31/2012

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	John Ewing	BOD						1
2	Rev. Richard Hanson	BOD						2
3	Dean Heinzmann	BOD						3
4	John Kotovsky	BOD						4
5	Rev. Ron Miller	BOD						5
6	Richard Moore	BOD						6
7	Tom Pilat	BOD						7
8	Larry Franzen	BOD						8
9	Gary Setterlund	BOD						9
10	Debbie Sippel	BOD						10
11	Michael Raso	BOD						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

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

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1		2		3	4	5	6		7	8	9	10			
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense				
		YES	NO				Original	Balance							
	A. Directly Facility Related Long-Term														
1	IL Finance Authority - 2006 Bonds						\$		\$			\$	1		
2			X	Campus Expansion	\$198,745.00	7/16/2006		5,750,142		5,050,328	2/1/2037	5.0000	220,282	2	
3													3		
4													4		
5													5		
	Working Capital														
6													6		
7													7		
8													8		
9	TOTAL Facility Related				\$198,745.00		\$	5,750,142	\$	5,050,328			\$	220,282	9
	B. Non-Facility Related*														
10													10		
11													11		
12													12		
13													13		
14	TOTAL Non-Facility Related						\$		\$			\$		14	
15	TOTALS (line 9+line14)						\$	5,750,142	\$	5,050,328			\$	220,282	15

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

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

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

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

B. Real Estate Taxes

[illegible]

NOTES:

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

2011 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME

The Lutheran Home

COUNTY

Peoria

FACILITY IDPH LICENSE NUMBER

0019109

CONTACT PERSON REGARDING THIS REPORT

TELEPHONE (
)

FAX #: (
)

A.
Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2011 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 2011.

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

B.
Real Estate Tax Cost Allocations

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

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

C. **Tax Bills**

Attach a copy of the original 2011 tax bills which were listed in Section A to this statement. Be sure to use the 2011 tax bill which is normally paid during 2012.

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.**

X. BUILDING AND GENERAL INFORMATION:

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

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

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

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)
List entity name, type of business, square footage, and number of beds/units available (where applicable).
Lutheran Hillside Village Operates - 41 Assisted Living Units; 49 Patio Homes; 126 Independent Living Units; and 20 Assisted Memory Care Unit;

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

1. Total Amount Incurred: 807,882 2. Number of Years Over Which it is Being Amortized: _____
3. Current Period Amortization: 4,847 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>35,725</u>	<u>1976</u>	<u>\$ 149,068</u>	1
2	<u>Facility</u>	<u>28,611</u>	<u>1985</u>	<u>180,000</u>	2
3	TOTALS	64,336		\$ 329,068	3

XI. OWNERSHIP COSTS (continued)

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

	1	FOR BHF USE ONLY	2	3	4	5	6	7	8	9	
	Beds*		Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4			1976	1976	\$ 1,676,061	\$	40	\$ 38,789	\$ 38,789	\$ 1,590,511	4
5			1985	1984	481,567		40	13,733	13,733	395,175	5
6			1986	1986	698,529		40	17,466	17,466	467,142	6
7											7
8											8
	Improvement Type**										
9	Various		1976		58,237		20			58,237	9
10	Various		1978		4,465		20			4,465	10
11	Various		1979		149		20			149	11
12	Various		1980		470		20			470	12
13	Various		1982		403		20			403	13
14	Various		1983		1,717		20			1,717	14
15	Various		1984		2,946		20			2,946	15
16	Various		1985		3,290		20			3,290	16
17	Various		1986		5,335		20			5,335	17
18	Various		1987		18,303		20			18,303	18
19	Various		1988		66,182		20	1,756	1,756	54,551	19
20	Various		1990		134,732		20	3,305	3,305	79,554	20
21	Various		1991		40,069		20	1,091	1,091	24,944	21
22	Various		1992		890		20	29	29	623	22
23	Various		1993		748		20			748	23
24	Various		1994		5,993		20	193	193	3,758	24
25	Various		1995		36,256		20	1,747	1,747	31,660	25
26	Various		1996		43,073		20	1,174	1,174	27,022	26
27	Various		1997		32,988		20	618	618	20,541	27
28	Various		1998		13,903		20	857	857	13,030	28
29	Various		1999		122,497		20	405	405	116,194	29
30	Various		2000		63,646		20	2,956	2,956	41,304	30
31	Various		2001		190,577		20	6,683	6,683	158,824	31
32	Various		2002		1,912,111		20	57,217	57,217	629,390	32
33	Various		2003		319,328		20	16,337	16,337	163,371	33
34	Various		2004		220,824		20	10,173	10,173	82,909	34
35	Various		2005		57,276		20	2,864	2,864	22,911	35
36	Various		2006		8,909		20	297	297	2,079	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

Facility Name & ID Number The Lutheran Home

0019109

Report Period Beginning:

1/1/2012

Ending:

12/31/2012

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		
37	Various	2007	\$	483,753	\$	20	\$ 24,039	\$ 24,039	\$	126553	37
38	FLOORING,CARPET-A WING	2008		986		20	49	49		247	38
39	ENTRY DOOR REPLACED	2008		5,640		20	282	282		1410	39
40	STRAINER, GRID	2008		97		20	5	5		24	40
41	COMMODE REPAIR KIT	2008		95		20	5	5		24	41
42	COMMODE	2008		507		20	25	25		127	42
43	FLOORING, E WING DINING& NUR STA	2008		4,785		20	239	239		1196	43
44	VANITY TOPS-B WING	2008		2,030		20	102	102		508	44
45	CARPENTRY WORK	2008		4,348		20	217	217		1069	45
46	ELECTRICAL	2008		3,339		20	167	167		821	46
47	PLUMBING	2008		1,595		20	80	80		392	47
48	PAINTING	2008		2,682		20	134	134		659	48
49	GENERAL CONTRACTOR'S OVERHEAD AND PROFIT	2008		1,620		20	81	81		398	49
50	CEILING TILES	2008		552		20	28	28		136	50
51	SHOWER ENTRANCE	2008		654		20	33	33		161	51
52	CARPENTRY	2008		5,264		20	263	263		1294	52
53	ELECTRICAL	2008		4,510		20	225	225		1109	53
54	CABINET, MEDICINE, NUTONE	2008		1,544		20	77	77		379	54
55	DOOR,POCKET	2008		1,196		20	60	60		294	55
56	CARPENTRY WORK	2008		4,741		20	237	237		1165	56
57	ELECTRICAL	2008		3,339		20	167	167		821	57
58	PLUMBING	2008		1,595		20	80	80		392	58
59	PAINTING	2008		2,682		20	134	134		659	59
60	GENERAL CONTRACTOR'S OVERHEAD AND PROFIT	2008		1,620		20	81	81		398	60
61	CEILING TILES	2008		552		20	28	28		136	61
62	FLOORING,CARPET BINDING, 650'	2008		325		20	16	16		80	62
63	BAR, FLIP UP	2008		525		20	26	26		129	63
64	FLOORING,CARPET-B WING	2008		5,560		20	278	278		1367	64
65	CARPENTRY WORK	2008		4,741		20	237	237		1165	65
66	ELECTRICAL	2008		3,339		20	167	167		821	66
67	PLUMBING	2008		1,595		20	80	80		392	67
68	PAINTING	2008		2,682		20	134	134		659	68
69	GENERAL CONTRACTOR'S OVERHEAD AND PROFIT	2008		1,620		20	81	81		398	69
70	TOTAL (lines 4 thru 69)		\$	6,781,587	\$		\$ 205,548	\$ 205,548	\$	4,166,939	70

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

Facility Name & ID Number The Lutheran Home

0019109

Report Period Beginning:

1/1/2012

Ending:

12/31/2012

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 12A, Carried Forward		\$ 6,781,587			\$		\$ 205,548	\$ 205,548	\$ 4,166,939		1
2	CEILING TILES	2008		552			20	28	28		136	2
3	HARDWARE,GRAB BARS, DOOR PULLS,	2008		2,242			20	112	112		542	3
4	FIXTURES-LIGHTING& PLUMBING FIXT	2008		2,231			20	112	112		539	4
5	LIGHT FIXTURE W/ BULBS	2008		8,330			20	417	417		2,013	5
6	WALLS & FLOOR, BATHRMS,CERAMIC&W	2008		20,654			20	1,033	1,033		4,991	6
7	CABLE, DATA	2008		348			20	17	17		84	7
8	BARs, FLIP UP	2008		740			20	37	37		179	8
9	CARPENTRY WORK	2008		4,486			20	224	224		1,084	9
10	ELECTRICAL	2008		3,339			20	167	167		807	10
11	PLUMBING	2008		1,595			20	80	80		385	11
12	PAINTING	2008		2,682			20	134	134		648	12
13	GENERAL CONTRACTOR'S OVERHEAD AND PROFIT	2008		1,620			20	81	81		392	13
14	CEILING TILES	2008		552			20	28	28		133	14
15	DOORS REPLACED-WINGS B&C	2008		14,664			20	733	733		3,544	15
16	CONCRETE WK-HC ENTRANCE RAMP(2)	2008		3,400			20	170	170		822	16
17	CARPENTRY WORK	2008		4,486			20	224	224		1,065	17
18	ELECTRICAL	2008		3,339			20	167	167		793	18
19	PLUMBING	2008		1,595			20	80	80		379	19
20	PAINTING	2008		2,682			20	134	134		637	20
21	GENERAL CONTRACTOR'S OVERHEAD AND PROFIT	2008		1,620			20	81	81		385	21
22	CEILING TILES	2008		552			20	28	28		131	22
23	PAINTING-EMMANUEL PLACE	2008		2,014			20	101	101		478	23
24	CEILING-GRID&TILE	2008		857			20	43	43		203	24
25	INSTALLED CABINETS,SINK, PUMP & TOP	2008		4,025			20	201	201		956	25
26	ELECTRICAL WORK	2008		850			20	43	43		202	26
27	PLUMBING	2008		1,089			20	54	54		259	27
28	GENERAL CONTRACTOR'S OVERHEAD AND PROFIT	2008		860			20	43	43		204	28
29	HARDWARE	2008		50			20	2	2		12	29
30	MIRROR-8,T SEAT-9,COAT HKS-10	2008		724			20	36	36		172	30
31	CARPENTRY WORK	2008		4,486			20	224	224		1,065	31
32	ELECTRICAL	2008		3,339			20	167	167		793	32
33	PLUMBING	2008		1,595			20	80	80		379	33
34	TOTAL (lines 1 thru 33)			\$ 6,883,185		\$		\$ 210,627	\$ 210,627		\$ 4,191,352	34

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

Facility Name & ID Number The Lutheran Home

0019109

Report Period Beginning:

1/1/2012

Ending:

12/31/2012

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 12B, Carried Forward		\$ 6,883,185			\$		\$ 210,627	\$ 210,627	\$ 4,191,352			1
2	PAINTING	2008		2,682			20	134	134		637		2
3	GENERAL CONTRACTOR'S OVERHEAD AND PROFIT	2008		1,620			20	81	81		385		3
4	CEILING TILES	2008		552			20	28	28		131		4
5	MED BOXES INSTALLED	2008		2,438			20	122	122		579		5
6	FLOORING, BINDING TAPE, 258'	2008		129			20	6	6		31		6
7	FLOORING, CARPET, VINYL-C WING	2008		1,961			20	98	98		466		7
8	FLOORING, CARPET, VINYL-C9&C10	2008		1,021			20	51	51		243		8
9	FLOORING, CARPET, VINYL-B4, B5	2008		923			20	46	46		219		9
10	FLOORING, CARPET-COMMON AREA	2008		4,055			20	203	203		963		10
11	CIRCUIT BREAKER PANEL,EMERGENCY	2008		1,208			20	60	60		287		11
12	COMMODE	2008		5,935			20	297	297		1,409		12
13	CARPENTRY WORK	2008		4,711			20	236	236		1,119		13
14	ELECTRICAL	2008		3,339			20	167	167		793		14
15	PLUMBING	2008		1,595			20	80	80		379		15
16	PAINTING	2008		2,682			20	134	134		637		16
17	GENERAL CONTRACTOR'S OVERHEAD AND PROFIT	2008		1,620			20	81	81		385		17
18	CEILING TILES	2008		552			20	28	28		131		18
19	HANDICAP RAIL	2008		1,596			20	80	80		372		19
20	CABINET,MEDICINE,KEYES	2008		9,231			20	462	462		2,154		20
21	CARPENTRY WORK	2008		4,741			20	237	237		1,106		21
22	ELECTRICAL	2008		3,339			20	167	167		779		22
23	PLUMBING	2008		1,595			20	80	80		372		23
24	PAINTING	2008		2,682			20	134	134		626		24
25	GENERAL CONTRACTOR'S OVERHEAD AND PROFIT	2008		1,620			20	81	81		378		25
26	CEILING TILES	2008		552			20	28	28		129		26
27	CARPENTRY WORK	2008		4,486			20	224	224		1,047		27
28	ELECTRICAL	2008		3,339			20	167	167		779		28
29	PLUMBING	2008		1,595			20	80	80		372		29
30	PAINTING	2008		2,682			20	134	134		626		30
31	GENERAL CONTRACTOR'S OVERHEAD AND PROFIT	2008		1,620			20	81	81		378		31
32	CEILING TILES	2008		552			20	28	28		129		32
33	ELECTRICAL UPGRADES	2008		1,291			20	65	65		301		33
34	TOTAL (lines 1 thru 33)			\$ 6,961,128		\$		\$ 214,525	\$ 214,525		\$ 4,209,693		34

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

Facility Name & ID Number The Lutheran Home

0019109

Report Period Beginning:

1/1/2012

Ending:

12/31/2012

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 12C, Carried Forward		\$ 6,961,128	\$		\$ 214,525	\$ 214,525	\$ 4,209,693	1
2	DIFFUSER,CEILING, T-BAR	2008	1,695		20	85	85	389	2
3	DAMPER, H&C	2008	383		20	19	19	88	3
4	DEMO REMOVAL	2008	1,030		20	52	52	236	4
5	CONDENSER, 15 TON, BOHN-E WING	2008	20,800		20	1,040	1,040	4,767	5
6	CEILING DIFFUSERS	2008	570		20	29	29	131	6
7	ASPHALT-HC WKG AREA & PARKING SP	2008	55,000		20	2,750	2,750	12,375	7
8	MED BOXES INSTALLED	2008	4,322		20	216	216	973	8
9	PAINT	2008	2,378		20	119	119	535	9
10	PAINT-EP UNIT	2008	140		20	7	7	31	10
11	COUNTER TOP & MATERIALS	2008	856		20	43	43	189	11
12	GRAB BARS	2008	281		20	14	14	62	12
13	FIRE ALARM SYSTEM	2008	7,000		20	350	350	1,546	13
14	MURAL-EMMANUEL PLACE	2008	5,820		20	291	291	1,285	14
15	PUSH BUTTON, EMERGENCY-TO EXIT	2008	880		20	44	44	194	15
16	LIGHTING-PROJECT 08-22	2008	209		20	10	10	43	16
17	WALL COVERING & RAIL CAP	2008	6,759		20	338	338	1,380	17
18	FLOORING-E WING5540	2008	2,788		20	139	139	569	18
19	DUCTWORK-PROJECT # 08-26	2008	350		20	18	18	71	19
20	FLOORING,CARPET-DINING AREA-PROJ	2008	8,038		20	402	402	1,641	20
21	FLOORING-EVERGREEN DINING RM-PRO	2008	3,747		20	187	187	765	21
22	CONSULTANT FEE-PHASE II	2009	11,677		20	584	584	2,092	22
23	CONSULTANT ON IDPH PLENUM ISSUE	2009	782		20	39	39	121	23
24	FIRE ALARM&NURSING CALL UPGRADES	2009	6,056		20	303	303	934	24
25	FIRE SPRINKLER SYSTEM UPGRADES	2009	3,190		20	160	160	572	25
26	FLOORING, EVERGREE DINING	2009	85		20	4	4	13	26
27	IDPH PLENUM DUCTWORK-A&C WING	2009	180,950		20	9,048	9,048	32,420	27
28	IDPH PLENUM-B WING	2009	175,905		20	8,795	8,795	27,119	28
29	ROAM ALERT SYSTEM UPGRADED	2009	12,245		20	612	612	1,888	29
30	WALLCOVERING PANEL & TRIM WORK-	2009	8,459		20	423	423	1,516	30
31	WALL PROTECTOR	2010	74		15	5	5	14	31
32	OPTIMUS SETUP-CABLES&CONNECTORS	2010	1,274		15	85	85	212	32
33	WIRING,CABLE,DATA LINE-OPTIMUS EMR	2010	2,957		15	197	197	481	33
34	TOTAL (lines 1 thru 33)		\$ 7,487,827	\$		\$ 240,931	\$ 240,931	\$ 4,304,342	34

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

Facility Name & ID Number The Lutheran Home

0019109

Report Period Beginning:

1/1/2012

Ending:

12/31/2012

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		\$ 7,487,827	\$		\$ 240,931	\$ 240,931	\$ 4,304,342	1
2	OPTIMUS SETUP-CABLES&ELECTRICAL LINES	2010	1,915		15	128	128	303	2
3	FLOORING,CARPET-DINING RM	2010	150		7	21	21	46	3
4	DEMOLITION-OLD CARE CENTER LINK	2011	3,676		15	245	245	327	4
5	FLOORING, CARPET	2011	821		7	117	117	215	5
6	FLOORING, CARPET	2011	3,093		7	442	442	810	6
7	FLOORING, CARPET-#5	2011	1,316		7	188	188	313	7
8	FIREPLACE INSERT, DIMPLEX 39"	2011	2,356		15	157	157	262	8
9	FLOORING, BINDING CARPET	2011	212		7	30	30	50	9
10	FLOORING,CERAMIC TILE-PUBLIC BATHRMS	2011	1,502		15	100	100	167	10
11	SURVEY,ASBESTOS/LEAD-AREA, OLD REC CENTE	2011	2,190		15	146	146	231	11
12	FIXTURE,PRE RINSE SPRAY VALVE	2011	74		15	5	5	8	12
13	VANITY,-BATHROOM	2011	227		15	15	15	24	13
14	MIRROR,WALL&HOLDERS-BATHROOM	2011	104		15	7	7	11	14
15	CERAMIC TILE&LIGHTING,MIRRORS-BATHRMS	2011	414		15	28	28	44	15
16	FLOORING, CERAMIC PUBLIC-BATHROOMS	2011	1,500		15	100	100	150	16
17	THERAPY & PUBLIC BATHROOMS-DRYWALL,CARPT	2011	12,388		15	826	826	1,239	17
18	PLUMBING,FIXTURE-THERAPY&PUBLIC BATHROOM	2011	3,381		15	225	225	338	18
19	FLOORING, CARPET BASE/RUG	2011	421		7	60	60	85	19
20	FLOORING, CARPET-COMMON AREAS	2011	9,767		7	1,395	1,395	1,977	20
21	FLOORING,VINYL-NEW THERAPY RM	2011	5,267		7	752	752	1,066	21
22	FLOORING,CARPET-HC HALLWAY	2011	3,203		7	458	458	610	22
23	ELECTRICAL WK-DEMO OF REC CENTER	2011	735		15	49	49	65	23
24	CONDENSING UNIT, 15 TON, AWNING	2011	21,380		15	1,425	1,425	1,900	24
25	FLOORING, CERAMIC TILE-THERAPY HALLWAY	2011	499		15	33	33	44	25
26	FLOORING, CARPET-THERAPY HALLWAY	2011	173		7	25	25	33	26
27	LIGHT FIXTURE, FLUS MT CEILING LIGHTS	2011	296		15	20	20	26	27
28	FLOORING,CARPET-PUBLIC AREA	2011	164		7	23	23	31	28
29	FLOORING, VINYL-THERAPY&KITCHEN	2011	865		7	124	124	165	29
30	FLOORING, VINYL-THERAPY&KITCHEN	2011	865		7	124	124	165	30
31	FLOORING, CARPET-HALLWAY, THERAPY	2011	1,511		7	216	216	288	31
32	SECURITY, ACCESS CONTROL ON DOOR-THERAPY	2011	3,000		15	200	200	267	32
33	FLOORING,CARPET BASEBOARD-HC PULIC AREA	2011	196		7	28	28	37	33
34	TOTAL (lines 1 thru 33)		\$ 7,571,486	\$		\$ 248,644	\$ 248,644	\$ 4,315,640	34

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

Facility Name & ID Number The Lutheran Home

0019109

Report Period Beginning:

1/1/2012

Ending:

12/31/2012

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 12E, Carried Forward		\$ 7,571,486	\$		\$ 248,644	\$ 248,644	\$ 4,315,640	1
2	FLOORING, CARPET & VINYL-#CLOVER CT COMM	2011	3,251		7	464	464	154.80	2
3	FLOORING, CARPET-DOGWOOD CT	2011	3,368		7	481	481	160.40	3
4	INTERIOR CONSULTANTING FEES-NURSES STATI	2011	6,750		15	450	450	112.50	4
5	GLASS, COMMERCIAL-NURSES STATIONS	2011	43		15	3	3	0.71	5
6	FLOORING, CARPET & VINYL-NURSES STATION	2011	18,570		7	2,653	2,653	663.21	6
7	PLUMBING-NURSES STATION OFFICE	2011	474		15	32	32	7.90	7
8	CABINETS-NURSES STATION	2011	29,646		15	1,976	1,976	494.11	8
9	PHONES,WIRING, CABLES RELOCATED-NURSE ST	2011	836		15	56	56	13.94	9
10	FIREPLACE-NURSES STATION/LOBBY	2011	7,880		15	525	525	131.33	10
11	RECEPTION STATION/AREA-NURSES STATION	2011	4,950		15	330	330	82.49	11
12	ELECTRICAL UPGRADES-NURSES STATION	2011	310		15	21	21	5.17	12
13	FLOORING, CARPET INSTALLED, COMMON AREAS	2011	2,383		7	340	340	56.73	13
14	FLOORING, CARPET-#ACON WAY-COMMON AREA	2011	6,750		7	964	964	160.71	14
15	PLUMBING, DRAIN RADIATOR LINES	2011	428		15	29	29	4.75	15
16	FLOORING, CARPET BASE	2011	590		5	118	118	19.67	16
17	DEMOLITION OF CORRIDOR LINK	2011	7,303		15	487	487	81.14	17
18	FLOORING, CERAMIC TILE	2011	1,114		15	74	74	6.19	18
19	ROOFING, MAIN BUILDING	2012	40,400		20	1,347	1,347	1,347	19
20	ASBESTOS MONITORING-INSIDE BLDG	2012	550		15	15	15	15	20
21	EMERGENCY CALL SYSTEM, WIRELESS	2012	185,913		15	12,394	12,394	12,394	21
22	GRANITE-FIREPLACE	2012	792		15	53	53	53	22
23	FLOORING, CARPET-CC	2012	196		5	39	39	39	23
24	FLOORING, CARPET BASE#CC	2012	47		5	9	9	9	24
25	SCONE GLASS-EMERGENCY CALL SYSTEM	2012	463		15	31	31	31	25
26	FLOORING, TRANSITION STRIPS-ACTIVITY	2012	267		15	15	15	15	26
27	LOCK, MOROSE-OFFICE DOOR-LAVENDER LANE	2012	414		15	23	23	23	27
28	WALL CABINET CUBBY AREAS	2012	3,118		15	173	173	173	28
29	CABINETS-CAN CUBBY AREAS	2012	2,260		15	113	113	113	29
30	CABINETS-CUBBY AREA	2012	1,747		15	78	78	78	30
31	CABINETS, CUBBY AREAS-CAN	2012	6,310		15	280	280	280	31
32	WATER & SEWER LINES CAPPED OF	2012	2,303		15	77	77	77	32
33	ELECTRICAL PANEL REMOVED-CC	2012	1,245		15	35	35	35	33
34	TOTAL (lines 1 thru 33)		\$ 7,912,155	\$		\$ 272,329	\$ 272,329	\$ 4,332,477	34

**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 12F, Carried Forward		\$ 7,912,155	\$		\$ 272,329	\$ 272,329	\$ 4,332,477	1
2	ELECTRICAL DEMO-OLD RET HM	2012	255		15	4	4	4	2
3	ELECTRICAL WORK-DISHWASHER-EMMANUEL	2012	922		15	10	10	10	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				508,348			(508,348)		33
34	TOTAL (lines 1 thru 33)		\$ 7,913,332	\$ 508,348		\$ 272,343	\$ (236,005)	\$ 4,332,492	34

**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	\$ 611,025	\$	\$ 61,963	\$ 61,963	10	\$ 378,550	71
72	Current Year Purchases	49,741		3,543	3,543	10	3,543	72
73	Fully Depreciated Assets	976,859				10	976,859	73
74								74
75	TOTALS	\$ 1,637,625	\$	\$ 65,506	\$ 65,506		\$ 1,358,952	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	Facility	Car & Silverado	2000	\$ 30,750	\$	\$	\$	8	\$ 30,750	76
77	Facility	Ford 2002 15 Pass	2002	56,998				5	56,998	77
78	Facility	Dodge Grand Caravan	2006	19,162				5	19,162	78
79	Facility	Vehicle Wheelchair Conversion	2007	16,026		268	268	5	16,026	79
80	TOTALS			\$ 122,936	\$	\$ 268	\$ 268		\$ 122,936	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)	\$ 10,002,960	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 508,348	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 338,117	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (170,231)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 5,814,380	85

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

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	Non Care Combined Assets	\$ 60,499,146	\$ 2,212,065	\$ 23,358,978	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ 60,499,146	\$ 2,212,065	\$ 23,358,978	91

G. Construction-in-Progress

	Description	Cost	
92	Renovations	\$ 55,718	92
93			93
94			94
95		\$ 55,718	95

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions.
- ☐ YES☐ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease
9. Option to Buy: ☐ YES ☐ NO Terms: *

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

15. Is Movable equipment rental included in building rental?
16. Rental Amount for movable equipment: \$ Description:
- ☐ YES☐ NO
- (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

10. Effective dates of current rental agreement:
Beginning
Ending

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

	Fiscal Year Ending	Annual Rent
12.	/2013	\$
13.	/2014	\$
14.	/2015	\$

* 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.

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.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☐ YES
☒ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM☐
IN OTHER FACILITY☐
COMMUNITY COLLEGE☐
HOURS PER CNA_____

3. CLINICAL PORTION:

IN-HOUSE PROGRAM☐
IN OTHER FACILITY☐
HOURS PER CNA_____

Lutheran Hillside Village, Inc. does not train C N A's, they are hired already certified.

B. EXPENSES

C. CONTRACTUAL INCOME

ALLOCATION OF COSTS (d)

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

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

COMPLETED

1. From this facility

2. From other facilities (f)

DROP-OUTS

1. From this facility

2. From other facilities (f)

TOTAL TRAINED

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.

(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.

(c) For in-house training programs only. Do not include fringe benefits.

(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.

(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

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

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	V10A-3	hrs	\$	2,887	\$ 201,336	\$	2,887	\$ 201,336	1
2	Licensed Speech and Language Development Therapist	V10A-3	hrs		698	52,383		698	52,383	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	V10A-3	hrs		4,147	289,634	198	4,147	289,832	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	C39-2	# of prescrpts				145,947		145,947	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):									13
14	TOTAL			\$	7,732	\$ 543,353	\$ 146,145	7,732	\$ 689,498	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.

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 3,109,571	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 35,000)	602,113		3
4	Supply Inventory (priced at Cost)	43,328		4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	20,880		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Notes Receivable/Misc Receivabl	319,834		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,095,726	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	5,427,069		12
13	Land	369,068		13
14	Buildings, at Historical Cost	66,790,909		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	3,711,197		16
17	Accumulated Depreciation (book methods)	(29,173,359)		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): CIP & DEFFERED MARKETIN	89,909		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 47,214,793	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 51,310,519	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 160,967	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	368,984		30
31	Accrued Taxes Payable (excluding real estate taxes)	10,558		31
32	Accrued Real Estate Taxes(Sch.IX-B)	213,692		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Other	72,835		36
37	Long-Term Debt	730,044		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,557,080	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable	39,998,401		40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Entrance Fees Payable	30,758,989		43
44	Resident Deposits	340,972		44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 71,098,362	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 72,655,442	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ (21,344,923)	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 51,310,519	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (20,636,586)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (20,636,586)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(708,337)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (708,337)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (21,344,923)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number The Lutheran Home# 0019109Report Period Beginning: 1/1/2012Ending: 12/31/2012

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	2	
	I. Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 6,288,639	1
2	Discounts and Allowances for all Levels	(532,807)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 5,755,832	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,030,628	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,030,628	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	33	12
13	Barber and Beauty Care	25,531	13
14	Non-Patient Meals	6,127	14
15	Telephone, Television and Radio	264	15
16	Rental of Facility Space		16
17	Sale of Drugs	177,644	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	18,166	19
20	Radiology and X-Ray	9,444	20
21	Other Medical Services	120,732	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 357,941	23
	D. Non-Operating Revenue		
24	Contributions	363,085	24
25	Interest and Other Investment Income***	58,872	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 421,957	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Other Revenue	3,388	28
28a	Independent and Assisted Living Revenue	8,386,233	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 8,389,621	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 15,955,979	30

	1	2	
	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,263,533	31
32	Health Care	3,000,060	32
33	General Administration	1,921,867	33
	B. Capital Expense		
34	Ownership	732,389	34
	C. Ancillary Expense		
35	Special Cost Centers	9,563,233	35
36	Provider Participation Fee	183,234	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 16,664,316	40
41	Income before Income Taxes (line 30 minus line 40)**	(708,337)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (708,337)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 647,046	44
45	Private Pay - Net Inpatient Revenue	4,458,080	45
46	Medicare - Net Inpatient Revenue	834,096	46
47	Other-(specify) <u>Managed Care</u>	112,814	47
48	Other-(specify) <u>Benevolent Care</u>	(296,204)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 5,755,832	49

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

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

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

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

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	1,986	2,041	\$ 71,625	\$ 35.09	1
2	Assistant Director of Nursing					2
3	Registered Nurses	21,644	23,355	614,627	26.32	3
4	Licensed Practical Nurses	24,462	26,754	556,758	20.81	4
5	CNAs & Orderlies	69,189	75,809	882,348	11.64	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	6,530	7,139	153,423	21.49	10
11	Social Service Workers	1,829	2,091	41,228	19.72	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	29,986	32,308	383,756	11.88	15
16	Dishwashers					16
17	Maintenance Workers	5,988	6,573	112,213	17.07	17
18	Housekeepers	13,354	14,982	173,244	11.56	18
19	Laundry	3,507	3,740	35,768	9.56	19
20	Administrator	837	981	36,494	37.20	20
21	Assistant Administrator					21
22	Other Administrative	10,410	11,582	173,187	14.95	22
23	Office Manager					23
24	Clerical					24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,197	1,398	16,737	11.97	31
32	Other Health Care: <u>Marketing CC</u>	2,148	2,282	58,103	25.46	32
33	Other(specify) <u>Marketing/AL/IL/</u>	100,578	110,004	1,567,230	14.25	33
34	TOTAL (lines 1 - 33)	293,645	321,039	\$ 4,876,741 *	\$ 15.19	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	256	\$ 13,529	V1-3	35
36	Medical Director	Monthly	6,000	V9-3	36
37	Medical Records Consultant	34	2,853	V10-3	37
38	Nurse Consultant			V39-3	38
39	Pharmacist Consultant	788	4,807	V39-3	39
40	Physical Therapy Consultant	10	549	V10a-3	40
41	Occupational Therapy Consultant			V10a-3	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	10	549	V10a-3	43
44	Activity Consultant	14	1,215	V11-3	44
45	Social Service Consultant	14	1,215	V12-3	45
46	Other(specify) <u>Administrator CC</u>	1,060	90,058		46
47	<u>Other(specify) D.O.N.</u>	60	5,079		47
48					48
49	TOTAL (lines 35 - 48)	2,245	\$ 125,854		49

C. CONTRACT NURSES

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

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

** See instructions.

XIX. SUPPORT SCHEDULES

A. Administrative Salaries			
Name	Function	% Ownership	Amount
Janelle Clark		0	\$ 33,551
Charles Jordan		0	2,943
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 36,494
B. Administrative - Other			
Description			Amount
Temporary Care Center Administrator			\$ 145,062
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 145,062
C. Professional Services			
Vendor/Payee	Type		Amount
Heyl Roster Voelker & Allen	Legal Fees		\$ 7,198
CliftonLarsonAllen LLP	Accounting Fees		6,166
Lutheran Senior Services	Management Fees		446,718
Advantage Reporting Service	Legal Fees		188
Stolar Partnership	Legal Fees		12
Medicare	Legal Fees		461
Dudley&Lake&Susan Gard Crandal	Legal Fees		10,039
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 470,782
D. Employee Benefits and Payroll Taxes			
Description			Amount
Workers' Compensation Insurance			\$ 138,263
Unemployment Compensation Insurance			12,437
FICA Taxes			243,359
Employee Health Insurance			375,724
Employee Meals			
Illinois Municipal Retirement Fund (IMRF)*			
Disability Insurance			7,999
Life Insurance			5,005
Savings and Revenue Sharing Contributions			70,083
Tuition Reimbursement			890
TOTAL (agree to Schedule V, line 22, col.8)			\$ 853,760
E. Schedule of Non-Cash Compensation Paid to Owners or Employees			
Description	Line #		Amount
			\$
TOTAL			\$
F. Dues, Fees, Subscriptions and Promotions			
Description			Amount
IDPH License Fee			\$ 1,327
Advertising: Employee Recruitment			8,237
Health Care Worker Background Check (Indicate # of checks performed)			
Patient Background Checks	107		1,147
LSN/AAHSA Association Dues			3,519
Publications			1,124
Archive License			108
Other Miscellaneous			1,535
Less: Public Relations Expense		(	)
Non-allowable advertising		(	)
Yellow page advertising		(	)
TOTAL (agree to Sch. V, line 20, col. 8)			\$ 16,997
G. Schedule of Travel and Seminar**			
Description			Amount
Out-of-State Travel			\$
In-State Travel			3,520
Seminar Expense			10,806
Entertainment Expense		(	)
TOTAL (agree to Sch. V, line 24, col. 8)			\$ 14,326

*** Attach copy of IMRF notifications**

****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	Amount of Expense Amortized Per Year								
					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		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

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 - \$7,944; AAHSA - \$5,091

(3)

Did the nursing home make political contributions or payments to a political action organization?

No

If YES, have these costs been properly adjusted out of the cost report?

(4)

Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year?

No

If YES, what is the capacity?

(5)

Have you properly capitalized all major repairs and equipment purchases?

Yes

What was the average life used for new equipment added during this period?

15

(6)

Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V.

\$ 29,472

Line 39

(7)

Have all costs reported on this form been determined using accounting procedures consistent with prior reports?

Yes

If NO, attach a complete explanation.

(8)

Are you presently operating under a sale and leaseback arrangement?

No

If YES, give effective date of lease.

(9)

Are you presently operating under a sublease agreement?

YES

X

NO

(10)

Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)?

YES

NO

X

If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
- (11)

Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period.

\$ 183,234

This amount is to be recorded on line 42 of Schedule V.
- (12)

Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee?

No

If YES, attach an explanation of the allocation.

(13)

Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V?

Yes

(14)

Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B?

No

For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15)

Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V.

\$ 0

Has any meal income been offset against related costs?

No

Indicate the amount.

\$ 6,127

(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?

N/A

If YES, please indicate the amount of income earned from such a program during this reporting period.

\$ N/A

c. What percent of all travel expense relates to transportation of nurses and patients?

100

d. Have vehicle usage logs been maintained?

N/A

e. Are all vehicles stored at the nursing home during the night and all other times when not in use?

N/A

f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report?

g. Does the facility transport residents to and from day training?

No

Indicate the amount of income earned from providing such transportation during this reporting period.

\$ N/A

(17)

Has an audit been performed by an independent certified public accounting firm?

Yes

Firm Name:

CliftonLarsonAllen LLP

(18)

Have all costs which do not relate to the provision of long term care been adjusted out 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.