		FOR BHF USE					

LL1

2010
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2010)

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: 0011593

Facility Name: Mendota Lutheran Home

Address: 500 Sixth Street (Number) Mendota (City) 61342 (Zip Code)

County: LaSalle

Telephone Number: (815) 539 - 7439 **Fax #** (815) 538 - 3400

HFS ID Number:

Date of Initial License for Current Owners: 1952

Type of Ownership:

X	VOLUNTARY,NON-PROFIT		PROPRIETARY		GOVERNMENTAL
X	Charitable Corp.		Individual		State
	Trust		Partnership		County
			Corporation		Other
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

IRS Exemption Code 501(c)(3)

In the event there are further questions about this report, please contact:
Name: Jeremy M. Brune, CPA **Telephone Number:** (779) 875 - 3979
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/10 to 12/31/10 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider
(Signed) (Date)
(Type or Print Name) Jon Ragsdale
(Title) Administrator

Paid Preparer
(Signed) (Date)
(Print Name and Title) Jeremy M. Brune, CPA
(Firm Name & Address) Jeremy Brune & Associates, LLC, 2508 Riverwalk Drive Plainfield, IL 60586
(Telephone) (779) 875 - 3979 Fax # (866) 216 - 5355

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/10 Ending: 12/31/10

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds 08/06/10

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	43	Skilled (SNF)	113	26,055	1
2		Skilled Pediatric (SNF/PED)			2
3	71	Intermediate (ICF)		15,407	3
4		Intermediate/DD			4
5	14	Sheltered Care (SC)	14	5,110	5
6		ICF/DD 16 or Less			6
7	128	TOTALS	127	46,572	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF			4,954	4,954	8
9	SNF/PED					9
10	ICF	17,458	11,090		28,548	10
11	ICF/DD					11
12	SC		1,477		1,477	12
13	DD 16 OR LESS					13
14	TOTALS	17,458	12,567	4,954	34,979	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 75.11%

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

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

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

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

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

I. On what date did you start providing long term care at this location?
Date started 12/02/53

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

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 113 and days of care provided 4,912

Medicare Intermediary Wisconsin Physician Services

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/10 Fiscal Year: 12/31/10

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/10 Ending: 12/31/10

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	334,219	43,528	6,605	384,352		384,352		384,352			1
2	Food Purchase		290,427		290,427	(40,044)	250,383	(19,357)	231,026			2
3	Housekeeping	123,139	31,543		154,682		154,682		154,682			3
4	Laundry	81,058	13,425		94,483		94,483		94,483			4
5	Heat and Other Utilities			165,060	165,060		165,060		165,060			5
6	Maintenance	71,896	5,997	41,554	119,447		119,447	(1,170)	118,277			6
7	Other (specify):*											7
8	TOTAL General Services	610,312	384,920	213,219	1,208,451	(40,044)	1,168,407	(20,527)	1,147,880			8
	B. Health Care and Programs											
9	Medical Director			10,200	10,200		10,200		10,200			9
10	Nursing and Medical Records	2,745,879	210,482	333,034	3,289,395		3,289,395		3,289,395			10
10a	Therapy											10a
11	Activities	82,793	6,230	1,756	90,779		90,779		90,779			11
12	Social Services	91,733	923	679	93,335		93,335		93,335			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	2,920,405	217,635	345,669	3,483,709		3,483,709		3,483,709			16
	C. General Administration											
17	Administrative	106,644			106,644		106,644		106,644			17
18	Directors Fees											18
19	Professional Services			104,478	104,478		104,478	(3,823)	100,655			19
20	Dues, Fees, Subscriptions & Promotions			47,983	47,983		47,983	(28,398)	19,585			20
21	Clerical & General Office Expenses	186,408	12,652	62,469	261,529		261,529	(31,784)	229,745			21
22	Employee Benefits & Payroll Taxes			641,704	641,704	40,044	681,748	(42,453)	639,295			22
23	Inservice Training & Education											23
24	Travel and Seminar			18,571	18,571		18,571		18,571			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			47,101	47,101		47,101		47,101			26
27	Other (specify):*											27
28	TOTAL General Administration	293,052	12,652	922,306	1,228,010	40,044	1,268,054	(106,458)	1,161,596			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,823,769	615,207	1,481,194	5,920,170		5,920,170	(126,985)	5,793,185			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.

Mendota Lutheran Home
Medicaid Cost Report
01/01/10 - 12/31/10

Page 3 Relcassification

Description		Amount
Employee Meals		
Food Cost	Pg. 3 Line 2 Col. 2	(40,044)
Employee Benefits	Pg. 3 Line 22 Col. 2	40,044

Facility Name & ID Number Mendota Lutheran Home #0011593 Report Period Beginning: 01/01/10 Ending: 12/31/10

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							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			218,338	218,338		218,338	(264)	218,074			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			2,870	2,870		2,870	(2,870)				32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			4,293	4,293		4,293		4,293			35
36	Other (specify):*											36
37	TOTAL Ownership			225,501	225,501		225,501	(3,134)	222,367			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		155,881	731,472	887,353		887,353		887,353			39
40	Barber and Beauty Shops			21,422	21,422		21,422		21,422			40
41	Coffee and Gift Shops			828	828		828		828			41
42	Provider Participation Fee			61,868	61,868		61,868		61,868			42
43	Other (specify):* Taxes (NonCare)			719	719		719	(719)				43
44	TOTAL Special Cost Centers		155,881	816,309	972,190		972,190	(719)	971,471			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,823,769	771,088	2,523,004	7,117,861		7,117,861	(130,838)	6,987,023			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

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/10 Ending: 12/31/10

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.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 BHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(19,357)	02		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(2,870)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				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	(1,000)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(29,014)	21		24
25	Fund Raising, Advertising and Promotional	(27,398)	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				29
30	SUBTOTAL (A): (Sum of lines 1-29)	$ (79,639)		$	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)			34
35	Other- Attach Schedule	(51,199)		35
36	SUBTOTAL (B): (sum of lines 31-35)	$ (51,199)		36
37	TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))	$ (130,838)		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

SEE ACCOUNTANTS' COMPILATION REPORT

Mendota Lutheran Home

ID# 0011593

Report Period Beginning: 01/01/10

Ending: 12/31/10

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Van Reimbursement	$ (1,170)	06	1
2	Self Health Insurance	(42,453)	22	2
3	Miscellaneous Income	(2,770)	21	3
4	Non-Care Asset Depreciation	(264)	30	4
5	Non-Care Asset Real Estate Taxes	(719)	43	5
6	Legal Expense - Collections	(3,823)	19	6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	(51,199)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Mendota Lutheran Home **#** 0011593 **Report Period Beginning:** 01/01/10 **Ending:** 12/31/10

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(19,357)	0	0	0	0	0	0	0	0	0	0	(19,357)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	(1,170)	0	0	0	0	0	0	0	0	0	0	(1,170)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	(20,527)	0	0	0	0	0	0	0	0	0	0	(20,527)	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	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	0	0	0	0	0	0	0	0	0	0	0	0	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	(3,823)	0	0	0	0	0	0	0	0	0	0	(3,823)	19
20	Fees, Subscriptions & Promotions	(28,398)	0	0	0	0	0	0	0	0	0	0	(28,398)	20
21	Clerical & General Office Expenses	(31,784)	0	0	0	0	0	0	0	0	0	0	(31,784)	21
22	Employee Benefits & Payroll Taxes	(42,453)	0	0	0	0	0	0	0	0	0	0	(42,453)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	**TOTAL General Administration**	(106,458)	0	0	0	0	0	0	0	0	0	0	(106,458)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(126,985)	0	0	0	0	0	0	0	0	0	0	(126,985)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Mendota Lutheran Home # 0011593 **Report Period Beginning:** 01/01/10 **Ending:** 12/31/10

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	(264)	0	0	0	0	0	0	0	0	0	0	(264)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(2,870)	0	0	0	0	0	0	0	0	0	0	(2,870)	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	(3,134)	0	0	0	0	0	0	0	0	0	0	(3,134)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(719)	0	0	0	0	0	0	0	0	0	0	(719)	43
44	**TOTAL Special Cost Centers**	(719)	0	0	0	0	0	0	0	0	0	0	(719)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(130,838)	0	0	0	0	0	0	0	0	0	0	(130,838)	45

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/10 Ending: 12/31/10

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business

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 [X] 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			$			$	$	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			$			$	$ *	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/10 Ending: 12/31/10

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	See Board of Director Listing								$		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 Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/10 Ending: 12/31/10

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 [X]

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 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 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 Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/10 Ending: 12/31/10

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related											
	Long-Term											
1							$	$			$	1
2												2
3												3
4												4
5												5
	Working Capital											
6	Life Services Network Trust		X	Workers Comp. Insurance							2,870	6
7												7
8												8
9	TOTAL Facility Related						$	$			$ 2,870	9
	B. Non-Facility Related*											
10	Interest Income		X								(2,870)	10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$ (2,870)	14
15	TOTALS (line 9+line14)						$	$			$	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 Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/10 Ending: 12/31/10

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2009 report.	**Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		$	2
3. Under or (over) accrual (line 2 minus line 1).		$	3
4. Real Estate Tax accrual used for 2010 report. (Detail and explain your calculation of this accrual on the lines below.)		$	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**		$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**		$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		$	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2005		8
	2006		9
	2007		10
	2008		11
	2009		12

Non-facility related real estate taxes previously reported on this page in prior years. For 2010, expense was classified to Line 43 and adjusted out on Pg. 5A.

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2009	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

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

SEE ACCOUNTANTS' COMPILATION REPORT

2009 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Mendota Lutheran Home COUNTY LaSalle

FACILITY IDPH LICENSE NUMBER 0011593

CONTACT PERSON REGARDING THIS REPORT

TELEPHONE ( ) FAX #: ( )

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

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

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

B. **Real Estate Tax Cost Allocations**

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

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

C. **Tax Bills**

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

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

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/10 Ending: 12/31/10

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 69,665 B. General Construction Type: Exterior Brick Frame Brick and Steel Number of Stories 1

C. Does the Operating Entity? [X] (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? [X] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [X] (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).

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [X] 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 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Facility	63,000	1951 - 75	$ 82,752	1
2	Facility	53,760	1993	348,949	2
3	TOTALS	116,760		$ 431,701	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/10 Ending: 12/31/10

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4			1953	1964	$ 264,584	$		$	$	$	4
5			1971	1971	472,968						5
6			1975	1976	595,519						6
7			1976	1976	280,167						7
8			1995	1995	2,607,338						8
	Improvement Type**										
9	Various			1971	8,079						9
10	Various			1972	226						10
11	Various			1974	2,187						11
12	Various			1975	626						12
13	Various			1976	1,086						13
14	Various			1977	3,177						14
15	Various			1978	14,160						15
16	Various			1983	62,250						16
17	Various			1984	4,111						17
18	Various			1985	22,718						18
19	Various			1986	4,325						19
20	Various			1987	102,894						20
21	Various			1988	23,165						21
22	Various			1989	15,027						22
23	Various			1990	63,945						23
24	Various			1991	45,258						24
25	Various			1993	14,332						25
26	Various			1994	158,849						26
27	Various			1995	14,732						27
28	Various			1996	15,618						28
29	Various			1997	204,821						29
30	Various			1998	262,696						30
31	Various			1999	56,256						31
32	Various			2000	14,260						32
33	Various			2001	352,563						33
34	Various			2002	22,952						34
35	Various			2003	5,968						35
36	Various			2004	54,330						36

*Total beds on this schedule must agree with page 2.

See Page 12A, Line 70 for total

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/10 Ending: 12/31/10

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Various	2005	$ 1,830	$		$	$	$	37
38	Various	2006	109,102						38
39	Fire Alarm System	2007	16,767						39
40	Door Protective Screen	2007	650						40
41	Door Frame Fire Door	2007	1,240						41
42	Fire Alarm System	2007	16,768						42
43	Building Repairs and Counter Top	2007	14,833						43
44	Stein Heating Unit	2007	2,950						44
45	Parking Lot Drainage	2007	5,841						45
46	Construction Document Preparation	2008	613						46
47	Fire Alarm Monitoring	2008	1,600						47
48	Installation of PO	2008	4,375						48
49	Survey / Recommendations for Exiting	2008	7,147						49
50	Cabinet and Counter Tops	2008	2,735						50
51	Ceiling Radiation Dampers (41)	2008	10,746						51
52	Dual Line Dialer	2008	868						52
53	Module to Monitor Ansul System	2008	602						53
54	Hydraulic System in Elevator	2009	8,784						54
55	Building Improvements	2009	1,400						55
56	New Carpet in Chapel	2009	1,900						56
57	Ceiling Radiation Detector	2009	1,977						57
58	Outpatient Physical Therapy Renovation	2009	13,566						58
59	Gas Furnace	2009	5,065						59
60	Gas Furnace	2009	3,800						60
61	West Wing Construction	2009	2,216						61
62	Stairway Light Fixtures	2009	742						62
63	Steamer	2009	3,749						63
64	Convection Steamer	2009	2,574						64
65	Mohawk Carpet Installation	2009	7,233						65
66	Walk-In Freezer	2009	4,965						66
67	Outdoor Logo	2009	550						67
68	Install New Walk-Curb-Railing	2009	4,500						68
69	Chapel Painting	2009	1,100						69
70	TOTAL (lines 4 thru 69)		$ 6,033,975	$		$	$	$	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/10 Ending: 12/31/10

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 6,033,975	$		$	$	$	1
2	Preparation of Construction Documents	2009	4,397						2
3	Construction Preparation	2009	780						3
4	Wire Pulling & Device Terminations	2009	4,140						4
5	Preparation of Construction Documents	2009	695						5
6	Installation of Kitchen Steamer	2009	1,133						6
7	Emergency Generator Modifications	2009	16,454						7
8	Johnson Contract	2009	610						8
9	Dishwashing Room - Drywall and Flooring	2010	7,371						9
10	Sprinkler System	2010	94,500						10
11	Paint Rooms	2010	6,100						11
12	Automatic Doors	2010	4,061						12
13	Door Locks and Installation	2010	7,081						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	Depreciation			125,960	10 - 20	125,960		3,858,920	33
34	TOTAL (lines 1 thru 33)		$ 6,181,297	$ 125,960		$ 125,960	$	$ 3,858,920	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/10 Ending: 12/31/10

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 1,663,896	$ 69,164	$ 69,164	$	5 - 10	$ 1,400,415	71
72	Current Year Purchases	97,852	17,951	17,951		5 - 10	17,951	72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	$ 1,761,748	$ 87,115	$ 87,115	$		$ 1,418,366	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Facility	Dodge Caravan - 98	1999	$ 16,583	$	$	$	5	$ 16,583	76
77	Facility	Ford Elkhart - 10	2010	50,002	5,000	5,000		5	5,000	77
78										78
79										79
80	TOTALS			$ 66,585	$ 5,000	$ 5,000	$		$ 21,583	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)	$ 8,441,331	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 218,075	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 218,075	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 5,298,869	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	Tree of Life	$ 10,562	$ 264	$ 4,068	86
87	Land	5,500			87
88	Land (Including House Demolition)	83,843			88
89					89
90					90
91	TOTALS	$ 99,905	$ 264	$ 4,068	91

G. Construction-in-Progress

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/10 Ending: 12/31/10

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: *

10. Effective dates of current rental agreement:
Beginning
Ending

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

	Fiscal Year Ending	Annual Rent
12.	/2011	$
13.	/2012	$
14.	/2013	$

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: $ 4,293 Description: Copier Rental
(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

* 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

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/10 Ending: 12/31/10

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

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

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?
   - [ ] YES
   - [X] 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 ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		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)	$			

C. CONTRACTUAL INCOME

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

$

D. NUMBER OF CNAs TRAINED

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

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.
(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/10 Ending: 12/31/10

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

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	39 - 03	hrs	$		$ 310,454	$		$ 310,454	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			54,895			54,895	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			318,121			318,121	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				155,881		155,881	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): Lab / X - Ray	39 - 03				48,002			48,002	12
13	Other (specify):									13
14	TOTAL			$		$ 731,472	$ 155,881		$ 887,353	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

STATE OF ILLINOIS

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/10 Ending: 12/31/10

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/10 (last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 496,832	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	584,290		3
4	Supply Inventory (priced at)	45,188		4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	34,597		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Interest Receivable	8,670		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,169,577	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	1,084,531		12
13	Land	521,044		13
14	Buildings, at Historical Cost	5,921,617		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	1,840,072		16
17	Accumulated Depreciation (book methods)	(5,302,938)		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	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 4,064,326	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 5,233,903	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 445,279	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	235,922		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	1,596		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36				36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 682,797	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 682,797	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 4,551,106	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 5,233,903	$	48

SEE ACCOUNTANTS' COMPILATION REPORT

***(See instructions.)**

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/10 Ending: 12/31/10

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 4,705,199	1
2	Restatements (describe):		2
3	**PY Audit Adjustments**	(1,244)	3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 4,703,955	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(152,849)	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)**	$ (152,849)	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)**	$ 4,551,106	24 *

*** This must agree with page 17, line 47.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/10 Ending: 12/31/10

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.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 6,252,482	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 6,252,482	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	378,389	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 378,389	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	1,628	12
13	Barber and Beauty Care	21,008	13
14	Non-Patient Meals	19,357	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	51,046	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 93,039	23
	D. Non-Operating Revenue		
24	Contributions	77,807	24
25	Interest and Other Investment Income***	105,526	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 183,333	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule	57,769	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 57,769	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 6,965,012	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,208,451	31
32	Health Care	3,483,709	32
33	General Administration	1,228,010	33
	B. Capital Expense		
34	Ownership	225,501	34
	C. Ancillary Expense		
35	Special Cost Centers	910,322	35
36	Provider Participation Fee	61,868	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 7,117,861	40
41	**Income before Income Taxes (line 30 minus line 40)****	(152,849)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (152,849)	43

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

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

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

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

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/10 Ending: 12/31/10

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,912	2,080	$ 63,283	$ 30.42	1
2	Assistant Director of Nursing	1,920	2,080	55,760	26.81	2
3	Registered Nurses	30,221	32,637	745,577	22.84	3
4	Licensed Practical Nurses	22,309	23,999	571,875	23.83	4
5	CNAs & Orderlies	95,372	102,753	1,295,403	12.61	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,920	2,080	30,574	14.70	9
10	Activity Assistants	4,483	4,875	52,219	10.71	10
11	Social Service Workers	6,559	6,952	91,733	13.20	11
12	Dietician					12
13	Food Service Supervisor	1,953	2,080	34,243	16.46	13
14	Head Cook	5,220	5,796	68,918	11.89	14
15	Cook Helpers/Assistants	24,162	25,732	231,058	8.98	15
16	Dishwashers					16
17	Maintenance Workers	4,320	3,906	71,896	18.41	17
18	Housekeepers	11,879	13,209	123,139	9.32	18
19	Laundry	7,178	7,789	81,058	10.41	19
20	Administrator	2,000	2,750	106,644	38.78	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	12,493	13,413	186,408	13.90	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	1,303	1,399	13,981	9.99	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	235,204	253,530	$ 3,823,769 *	$ 15.08	34

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	156	$ 6,605	01 - 03	35
36	Medical Director	416	10,200	09 - 03	36
37	Medical Records Consultant	21	1,200	10 - 03	37
38	Nurse Consultant	166	13,270	10 - 03	38
39	Pharmacist Consultant	192	5,026	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	27	1,756	11 - 03	44
45	Social Service Consultant	10	679	12 - 03	45
46	Other(specify)				46
47	Psych Consultant	52	5,525	10 - 03	47
48					48
49	TOTAL (lines 35 - 48)	1,040	$ 44,261		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	65	$ 3,049	10 - 03	50
51	Licensed Practical Nurses	522	19,617	10 - 03	51
52	Certified Nurse Assistants/Aides	13,766	285,347	10 - 03	52
53	TOTAL (lines 50 - 52)	14,353	$ 308,013		53

SEE ACCOUNTANTS' COMPILATION REPORT

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

** See instructions.

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/10 Ending: 12/31/10

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Jon Ragsdale	Administrator	0	$ 72,000
Chris Csernus	Administrator	0	34,644
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			$ 106,644

B. Administrative - Other

Description	Amount
	$
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)	$

C. Professional Services

Vendor/Payee	Type	Amount
DC Computers	IT Support	$ 25,640
FR&R Healthcare	Accounting / Consulting	22,680
Wessels Pautsch Sherman	Legal	3,413
Aplington, Kaufman McClintock, Steele	Legal	2,588
Duane Morris	Legal	2,090
Echols & Asssociates, PC	Accounting	3,200
Guilfoyle Law Firm	Legal	2,702
Lindgren, Callihan, VanOsdol & Co., LTD.	Accounting	18,000
R. Johnson Architects, Inc.	Architect	1,692
See Supplemental Schedule	Various	22,473
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed $5,000, attach copy of invoices.)		$ 104,478

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 74,092
Unemployment Compensation Insurance	2,823
FICA Taxes	280,936
Employee Health Insurance	179,449
Employee Meals	40,044
Illinois Municipal Retirement Fund (IMRF)*	
Employee Physicals	6,735
Pension Benefits	29,812
Drug Testing	2,450
Other Benefits	22,954
TOTAL (agree to Schedule V, line 22, col.8)	$ 639,295

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	$
Advertising: Employee Recruitment	5,807
Health Care Worker Background Check (Indicate # of checks performed)	2,415
Patient Background Checks	
Dues and Subscriptions	9,068
Licenses	2,295
Public Relations	27,398
Less: Public Relations Expense	(27,398)
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 19,585

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	4,381
Seminar Expense	14,190
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 18,571

* Attach copy of IMRF notifications

**See instructions.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/10 Ending: 12/31/10

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
			$
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$

B. Administrative - Other

Description	Amount
	$
TOTAL (agree to Schedule V, line 17, col. 3)	$
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Slavin & Slavin	Legal	$ 1,166
Paylocity	Payroll	12,350
Kronos	Data Processing	4,130
MDI / Achieve	Data Processing	4,627
VisionShare	Data Processing	200
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $5,000, attach copy of invoices.)		$ 22,473

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$
Unemployment Compensation Insurance	
FICA Taxes	
Employee Health Insurance	
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
TOTAL (agree to Schedule V, line 22, col.8)	$

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	$
Advertising: Employee Recruitment	
Health Care Worker Background Check	
(Indicate # of checks performed ____)	
Patient Background Checks	
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$

* Attach copy of IMRF notifications

**See instructions.

SEE ACCOUNTANTS' COMPILATION REPORT

Mendota Lutheran Home
Medicaid Cost Report
01/01/10 - 12/31/10

Page 21 Legal Fees

Payee	Date	Fee	Allowable
Aplington, Kaufman, McClintock, Steele	03/05/10	201	
Aplington, Kaufman, McClintock, Steele	04/12/10	508	
Aplington, Kaufman, McClintock, Steele	05/04/10	561	
Aplington, Kaufman, McClintock, Steele	06/10/10	85	
Aplington, Kaufman, McClintock, Steele	07/06/10	391	
Aplington, Kaufman, McClintock, Steele	08/17/10	4	
Aplington, Kaufman, McClintock, Steele	10/18/10	127	
Aplington, Kaufman, McClintock, Steele	10/22/10	233	
Aplington, Kaufman, McClintock, Steele	10/22/10	40	
Aplington, Kaufman, McClintock, Steele	12/17/10	439	
		2,588	-
Duane Morris	07/07/10	1,650	1,650
Duane Morris	08/13/10	440	440
		2,090	2,090
Guilfoyle Law Firm	01/06/10	25	
Guilfoyle Law Firm	01/06/10	949	949
Guilfoyle Law Firm	03/31/10	560	
Guilfoyle Law Firm	06/30/10	1,168	1,168
		2,702	2,117
Slavin & Slavin	08/31/10	991	991
Slavin & Slavin	11/30/10	140	140
Slavin & Slavin	12/31/10	35	35
		1,166	1,166
Wessels Sherman	07/12/10	2,135	2,085
Wessels Sherman	01/20/10	350	
Wessels Sherman	02/04/10	50	
Wessels Sherman	03/05/10	50	
Wessels Sherman	08/26/10	50	
Wessels Sherman	10/12/10	50	
Wessels Sherman	12/10/10	50	
		2,735	2,085
		11,280	7,458

Mendota Lutheran Home
Medicaid Cost Report
01/01/10 - 12/31/10

Page 21 Seminar Schedule

Payee	Title	Date	Travel	Seminar
Rockford University	Safety and Osha Compliance	01/19/10		199
Illinois Chamber of Commerce	Worker's Compesnation Conference	10/08/10		159
			-	358
Illinois Health Care Association	Spring Conference	03/09/10		90
Lakeview Food Shop	Gas	03/09/10	21	
David K. Williams	Illinois Food Safety Certification	04/17/10		50
Lakeview Food Shop	Gas	03/09/10	40	
Life Services Network	Annual Tradeshow	03/25/10		225
Illinois Valley Community College	ABC's of Diet and Disease	09/21/10		198
			61	563
Rockhurst University	RegSoft for Healthcare & NIOSH	01/19/10		330
Life Services Network	LSN Conference	03/25/10		84
Marchelloni Pizza	Inservice Food Cost -	06/23/10		209
Marchelloni Pizza	Inservice Food Cost - MDS Training	09/28/10		75
Method Management	Abuse Prevention / Detection / Reporting Inservice	07/31/10		500
MDI Achieve	On-Site MDS Training	10/06/10		1,395
Coastal Training	Safety Orientation - Fire Extinguishers	10/07/10		544
Med Pass	MDS 3.0 RAI User Manual	10/20/10		141
			-	3,278
Rockford University	Safety and Osha Compliance	01/19/10		199
Illinois Valley Community College	Windows / Excel Training	02/11/10		188
Life Services Network	LSN Conference	03/25/10		735
Mary Wujek	LSN Conference - Travel Expenses	03/25/10	370	
Mary Wujek	LSN Conference - Travel Expenses	03/25/10	65	
Mary Wujek	LSN Conference - Travel Expenses	03/25/10	42	
Life Services Network	Paying the Way for RUGS IV	08/27/10	64	
Northern Illinois University	Credit Voucher	03/01/10		(225)
Suburban Law Enforcement	Criminal Histroy Record Information Training	09/28/10		25
Mary Simpson	IL Valley HR Assocation Luncheon	08/09/10		15
Life Services Network	Paying the Way for RUGS IV	08/27/10		63
Mary Simpson	Illinois State Police - Travel Expenses	09/29/10		281
				194
Mary Simpson	Illinois Chamber Work Comp Seminar	10/28/10		78
Illinois Chamber of Conference	Workers Compensation Conference	10/28/10		159
John Ragsdale	INHAA Conference - Travel Reimbursement	11/19/10	61	
Uptown Grill	Illinois Valley Human Resource Association	11/19/10		15
SkillPath	Excelling at Managing People Workshop	11/24/10		299
John Ragsdale	INHAA Conference - Travel Reimbursement / Meals	01/02/10	191	
				123
			903	2,148
Rockford University	Safety and Osha Compliance	01/19/10		199
Halsted Street	Skin Calendar	01/12/10		21
Sheryle Bowne	LSN Conference - Travel Expenses	03/23/10	18	
Sheryle Bowne	LSN Conference - Travel Expenses	03/23/10	533	
Life Service Network	LSN Conference	03/23/10		1,245
Sheryle Bowne	LSN Conference - Travel Expenses	03/23/10	184	
Sheryle Bowne	LSN Conference - Travel Expenses	03/23/10	533	
Sheryle Bowne	LSN Conference - Travel Expenses	03/23/10	79	
Northern Illinois University	LSN Conference	03/24/10		340
Sheryle Bowne	LSN Conference - Travel Expenses	03/23/10	37	
Sheryle Bowne	Peoria Seminar - Travel Expense	03/23/10	35	
Jan Schaefer	Peoria Seminar - Travel Expense	07/20/10	375	
Life Service Network	MDS Rac-CT 3.0 Certification in 3 Days	07/13/10		450
Fireside Education Center	Restorative Nurse Certification	09/10/10		749
Jan Schaefer	MDS Rac-CT 3.0 Certification in 3 Days - Travel	07/20/10	20	
Life Service Network	Paving the Way for RUGS IV - Travel	08/27/10	63	
			50	
Kari Lazzarotto	Restorative Nurse Certification - Travel	09/17/10	78	
Kari Lazzarotto	Restorative Nurse Certification - Travel	09/10/10	78	
Kari Lazzarotto	Restorative Nurse Certification - Travel	09/24/10	78	
Kari Lazzarotto	Restorative Nurse Certification - Travel	10/01/10	78	
Sheri Bowne	Skin Conference - Travel	09/02/10	135	
Sheri Bowne	Skin Conference - Travel	09/02/10	13	
Kari Lazzarotto	Restorative Nurse Certification - Travel	10/08/10	78	
			58	
Kari Lazzarotto	Restorative Nurse Certification - Travel	10/15/10	78	
Kari Lazzarotto	Restorative Nurse Certification - Travel	10/22/10	78	
Mary Wren	LaSalle County Health Department - Travel	11/03/10	27	
Pathway Health Services	Restorative Nursing	11/03/10		595
Kari Lazzarotto	Restorative Nurse Certification - Travel	11/05/10	78	
Mary Wren	Travel Reimbursement	11/11/10	82	
Sheri Bowne	Travel Reimbursement	11/11/10	21	
			76	
Sheri Bowne	Travel Reimbursement	11/11/10	228	
Sheri Bowne	Travel Reimbursement	11/11/10	225	
Kathy Kochner	2 Day Exchange	11/11/10		54
			3,418	3,653
	LSN Conference	03/29/10		225
	SSD Basic Training Course	04/12/10		255
			-	480
American Red Cross	8 hours of instructor fees @ $10.00 for class 12/08/20	02/09/10		80
Pathway Health Services	Phone consultation	06/12/10		45
Pathway Health Services	MDS training 06/23-06/24/2010	06/12/10		3,400
American Red Cross	CPR classes	10/15/10		185
			-	3,710
	Total		4,381	14,190

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/10 Ending: 12/31/10

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		$		$	$	$	$	$	$	$	$	$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Mendota Lutheran Home # 0011593 **Report Period Beginning:** 01/01/10 **Ending:** 12/31/10

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **No**

(2) Are there any dues to nursing home associations included on the cost report? **Yes**
If YES, give association name and amount. **LSN / AAHSA - $3,991**

(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? **Yes** If YES, what is the capacity? **127**

(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**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **67,339** 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. $ **61,868**
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? **N/A**

(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. $ **19,357**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **No**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **No** If YES, please indicate the amount of income earned from such a program during this reporting period. $ **N/A**
c. What percent of all travel expense relates to transportation of nurses and patients? **100**
d. Have vehicle usage logs been maintained? **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? **N/A**
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. $ **N/A**

(17) Has an audit been performed by an independent certified public accounting firm? **Yes**
Firm Name: **WIPFli**

(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.