		FOR BHF USE					

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2011
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2011)

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
IRS Exemption Code 501(c)(3)		[ ]	Corporation	[ ]	Other
		[ ]	"Sub-S" Corp.		
		[ ]	Limited Liability Co.		
		[ ]	Trust		
		[ ]	Other		

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 01/01/11 to 12/31/11 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, Illinois 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: 01/01/11 Ending: 12/31/11

III. STATISTICAL DATA

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

	1 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	113	Skilled (SNF)	113	41,245	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5	14	Sheltered Care (SC)	14	5,110	5
6		ICF/DD 16 or Less			6
7	127	TOTALS	127	46,355	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	13,804	15,004	3,767	32,575	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC		667		667	12
13	DD 16 OR LESS					13
14	TOTALS	13,804	15,671	3,767	33,242	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 71.71%

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 3,767

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: 12/31/11 Fiscal Year: 12/31/11

* 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: 01/01/11 Ending: 12/31/11

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	362,304	54,742	7,390	424,436		424,436		424,436			1
2	Food Purchase		276,264		276,264		276,264	(16,467)	259,797			2
3	Housekeeping	132,392	28,689		161,081		161,081		161,081			3
4	Laundry	84,286	10,925		95,211		95,211		95,211			4
5	Heat and Other Utilities			163,451	163,451		163,451		163,451			5
6	Maintenance	74,830	4,512	36,490	115,832		115,832		115,832			6
7	Other (specify):*											7
8	**TOTAL General Services**	653,812	375,132	207,331	1,236,275		1,236,275	(16,467)	1,219,808			8
	B. Health Care and Programs											
9	Medical Director			20,400	20,400		20,400		20,400			9
10	Nursing and Medical Records	2,986,335	214,471	243,466	3,444,272		3,444,272		3,444,272			10
10a	Therapy											10a
11	Activities	81,364	8,150	2,971	92,485		92,485		92,485			11
12	Social Services	96,011	2,049	1,493	99,553		99,553		99,553			12
13	CNA Training											13
14	Program Transportation			1,099	1,099		1,099	(1,099)				14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	3,163,710	224,670	269,429	3,657,809		3,657,809	(1,099)	3,656,710			16
	C. General Administration											
17	Administrative	75,090			75,090		75,090		75,090			17
18	Directors Fees											18
19	Professional Services			64,637	64,637		64,637	(3,593)	61,044			19
20	Dues, Fees, Subscriptions & Promotions			43,288	43,288		43,288	(22,863)	20,425			20
21	Clerical & General Office Expenses	202,657	15,967	185,492	404,116		404,116	(101,737)	302,379			21
22	Employee Benefits & Payroll Taxes			821,012	821,012		821,012		821,012			22
23	Inservice Training & Education											23
24	Travel and Seminar			21,461	21,461		21,461	(803)	20,658			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			69,853	69,853		69,853		69,853			26
27	Other (specify):*											27
28	**TOTAL General Administration**	277,747	15,967	1,205,743	1,499,457		1,499,457	(128,996)	1,370,461			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	4,095,269	615,769	1,682,503	6,393,541		6,393,541	(146,562)	6,246,979			29

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Mendota Lutheran Home #0011593 Report Period Beginning: 01/01/11 Ending: 12/31/11

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			223,406	223,406		223,406	(264)	223,142			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			2,458	2,458		2,458	(2,458)				32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			4,874	4,874		4,874		4,874			35
36	Other (specify):*											36
37	**TOTAL Ownership**			230,738	230,738		230,738	(2,722)	228,016			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		105,480	856,778	962,258		962,258		962,258			39
40	Barber and Beauty Shops			20,384	20,384		20,384	(19,880)	504			40
41	Coffee and Gift Shops			3,516	3,516		3,516	(2,981)	535			41
42	Provider Participation Fee			61,868	61,868		61,868		61,868			42
43	Other (specify):*	26,053	2,872		28,925		28,925	(28,925)				43
44	**TOTAL Special Cost Centers**	26,053	108,352	942,546	1,076,951		1,076,951	(51,786)	1,025,165			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	4,121,322	724,121	2,855,787	7,701,230		7,701,230	(201,070)	7,500,160			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

Mendota Lutheran Home
Medicaid Cost Report
01/01/11 - 12/31/11

Page 4 Supplemental Schedule

Description	Salaries	Supplies	Other
Line 36 Detailed			
Total	-	-	-
Line 43 Detailed			
Marketing	26,053	2,872	
Total	26,053	2,872	-

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/11 Ending: 12/31/11

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	(16,467)	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	(2,458)	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				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(99,297)	21		24
25	Fund Raising, Advertising and Promotional	(22,863)	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 See Supplemental	(59,985)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	$ (201,070)		$	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			35
36	SUBTOTAL (B): (sum of lines 31-35)	$		36
37	TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))	$ (201,070)		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: 01/01/11

Ending: 12/31/11

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Transportation Revenue (To Extent of Expense)	$ (1,099)	14	1
2	Miscellaneous Revenue	(2,288)	21	2
3	Bank Charges	(152)	21	3
4	Marketing Expenses	(28,925)	43	4
5	Gift Shop Revenue	(2,981)	41	5
6	Barber and Beauty Revenue	(19,880)	40	6
7	Non-Care Depreciation	(264)	30	7
8	Non-Allowable Collection Fees	(3,243)	19	8
9	Non-Allowable Travel and Seminar	(803)	24	9
10	Non-Allowable HR Consultant Retainers	(350)	19	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**	(59,985)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Mendota Lutheran Home # 0011593 **Report Period Beginning:** 01/01/11 **Ending:** 12/31/11

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 TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(16,467)	0	0	0	0	0	0	0	0	0	0	(16,467)	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	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	(16,467)	0	0	0	0	0	0	0	0	0	0	(16,467)	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	(1,099)	0	0	0	0	0	0	0	0	0	0	(1,099)	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	(1,099)	0	0	0	0	0	0	0	0	0	0	(1,099)	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	(3,593)	0	0	0	0	0	0	0	0	0	0	(3,593)	19
20	Fees, Subscriptions & Promotions	(22,863)	0	0	0	0	0	0	0	0	0	0	(22,863)	20
21	Clerical & General Office Expenses	(101,737)	0	0	0	0	0	0	0	0	0	0	(101,737)	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	(803)	0	0	0	0	0	0	0	0	0	0	(803)	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**	(128,996)	0	0	0	0	0	0	0	0	0	0	(128,996)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(146,562)	0	0	0	0	0	0	0	0	0	0	(146,562)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Mendota Lutheran Home # 0011593 **Report Period Beginning:** 01/01/11 **Ending:** 12/31/11

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

	Capital Expense / D. Ownership	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)	
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	(2,458)	0	0	0	0	0	0	0	0	0	0	(2,458)	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**	(2,722)	0	0	0	0	0	0	0	0	0	0	(2,722)	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	(19,880)	0	0	0	0	0	0	0	0	0	0	(19,880)	40
41	Coffee and Gift Shops	(2,981)	0	0	0	0	0	0	0	0	0	0	(2,981)	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(28,925)	0	0	0	0	0	0	0	0	0	0	(28,925)	43
44	**TOTAL Special Cost Centers**	(51,786)	0	0	0	0	0	0	0	0	0	0	(51,786)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(201,070)	0	0	0	0	0	0	0	0	0	0	(201,070)	45

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/11 Ending: 12/31/11

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

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: 01/01/11 Ending: 12/31/11

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	Board of Directors	N/A						1
2								2
3	Mrs. Ginny Becker							3
4	Rev. Dale Peterson							4
5	Mr. James Hamacher							5
6	Mrs. Darlene Rose							6
7	Mr. Stanley Hoelzer							7
8	Mr. Ken Kurth							8
9	Mrs. Bernice Menne							9
10	Ms. Gloria Cogdal							10
11	Rev. Devin Weeks							11
12								12
13								13
14	None of these Board Members							14
15	received confrmation nor provided							15
16	direct services to Mendota Lutheran							16
17	Home during 2011.							17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/11 Ending: 12/31/11

VII. RELATED PARTIES (continued)

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

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/11 Ending: 12/31/11

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: 01/01/11 Ending: 12/31/11

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** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related											
	Long-Term											
1							$	$			$	1
2												2
3												3
4												4
5												5
	Working Capital											
6	Eureka Savings		X	Line of Credit				296,228			1,294	6
7	Life Services Network		X	Workers Comp. Insurance				87,020			1,164	7
8												8
9	TOTAL Facility Related						$	$ 383,248			$ 2,458	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13	Interest Income Offset										(2,458)	13
14	TOTAL Non-Facility Related						$	$			$ (2,458)	14
15	TOTALS (line 9+line14)						$	$ 383,248			$	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ 0 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.)**

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: 01/01/11 Ending: 12/31/11

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2010 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 2011 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:		
	2006	8
	2007	9
	2008	10
	2009	11
	2010	12

N/A

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2010	$	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

2010 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Mendota Lutheran Home COUNTY LaSalle

FACILITY IDPH LICENSE NUMBER 0011593

CONTACT PERSON REGARDING THIS REPORT Jeremy M. Brune

TELEPHONE (779) 875 - 3979 FAX #: (866) 216 - 5355

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

Enter the tax index number and real estate tax assessed for 2010 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 2010.

	(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 X NO

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

C. **Tax Bills**

Attach a copy of the original 2010 tax bills which were listed in Section A to this statement. Be sure to use the 2010 tax bill which is normally paid during 2011.

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: 01/01/11 Ending: 12/31/11

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: 01/01/11 Ending: 12/31/11

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-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.

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/11 Ending: 12/31/11

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	2005	$ 1,830	$		$	$	$	37
38	Various	2006	109,102						38
39	Various	2007	59,049						39
40	Construction Document Preparation	2008	613						40
41	Fire Alarm Monitoring	2008	1,600						41
42	Installation of PO	2008	4,375						42
43	Survey / Recommendations for Exiting	2008	7,147						43
44	Cabinet and Counter Tops	2008	2,735						44
45	Ceiling Radiation Dampers (41)	2008	10,746						45
46	Dual Line Dialer	2008	868						46
47	Module to Monitor Ansul System	2008	602						47
48	Hydraulic System in Elevator	2009	8,784						48
49	Building Improvements	2009	1,400						49
50	New Carpet in Chapel	2009	1,900						50
51	Ceiling Radiation Detector	2009	1,977						51
52	Outpatient Physical Therapy Renovation	2009	13,566						52
53	Gas Furnace	2009	5,065						53
54	Gas Furnace	2009	3,800						54
55	West Wing Construction	2009	2,216						55
56	Stairway Light Fixtures	2009	742						56
57	Steamer	2009	3,749						57
58	Convection Steamer	2009	2,574						58
59	Mohawk Carpet Installation	2009	7,233						59
60	Walk-In Freezer	2009	4,965						60
61	Outdoor Logo	2009	550						61
62	Install New Walk-Curb-Railing	2009	4,500						62
63	Chapel Painting	2009	1,100						63
64	Preparation of Construction Documents	2009	4,397						64
65	Construction Preparation	2009	780						65
66	Wire Pulling & Device Terminations	2009	4,140						66
67	Preparation of Construction Documents	2009	695						67
68	Installation of Kitchen Steamer	2009	1,133						68
69	Emergency Generator Modifications	2009	16,454						69
70	TOTAL (lines 4 thru 69)		$ 6,061,574	$		$	$	$	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: 01/01/11 Ending: 12/31/11

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		$ 6,061,574	$		$	$	$	1
2	Johnson Contract	2009	610						2
3	Dishwashing Room - Drywall and Flooring	2010	7,371						3
4	Sprinkler System	2010	94,500						4
5	Paint Rooms	2010	6,100						5
6	Automatic Doors	2010	4,061						6
7	Door Locks and Installation	2010	7,081						7
8	Fire Protection System	2011	24,424						8
9	Boiler	2011	20,757						9
10	Painting	2011	7,040						10
11	Garage Construction	2011	50,300						11
12	Overhead Doors	2011	3,170						12
13	Electrical Wiring	2011	2,895						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			130,306		130,306		3,989,142	33
34	TOTAL (lines 1 thru 33)		$ 6,289,883	$ 130,306		$ 130,306	$	$ 3,989,142	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: 01/01/11 Ending: 12/31/11

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	$ 1,761,748	$ 69,161	$ 69,161	$	5 - 10	$ 1,487,611	71
72	Current Year Purchases	182,900	13,675	13,675		5 - 10	13,675	72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	$ 1,944,648	$ 82,836	$ 82,836	$		$ 1,501,286	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	Dodge Caravan - 98	1999	$ 16,583	$	$	$	5	$ 16,583	76
77	Facility	Ford Elkhart - 10	2010	50,002	10,000	10,000		5	15,000	77
78										78
79										79
80	TOTALS			$ 66,585	$ 10,000	$ 10,000	$		$ 31,583	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)	$ 8,732,817	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 223,142	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 223,142	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)	$ 5,522,011	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	$ 4,333	86
87	Land	5,500			87
88	Land (Including House Demolition)	83,843			88
89					89
90					90
91	TOTALS	$ 99,905	$ 264	$ 4,333	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

Mendota Lutheran Home
Medicaid Cost Report
01/01/11 - 12/31/11

Page 13 Supplemental Schedule

Description	Cost	Depreciation	Accumulated Depreciation
Related Party 1			
Prior			
Current			
Total	-	-	-
Related Party 2			
Prior			
Current			
Total	-	-	-
Total	**-**	**-**	**-**

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/11 Ending: 12/31/11

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 [X] 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.	/2012	$
13.	/2013	$
14.	/2014	$

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

15. Is Movable equipment rental included in building rental? [ ] YES [X] NO

16. Rental Amount for movable equipment: $ 4,874 Description: Copier
(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: 01/01/11 Ending: 12/31/11

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

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	$		$ 345,520	$		$ 345,520	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			82,586			82,586	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			413,825			413,825	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				105,480		105,480	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): See Supplemental	39 - 03				14,847			14,847	12
13	Other (specify):									13
14	TOTAL			$		$ 856,778	$ 105,480		$ 962,258	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

Mendota Lutheran Home
Medicaid Cost Report
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Page 16 Supplemental Schedule

Description	Supplies	Other
Lab		11,136
Radiology		3,495
Other		216
Total	-	14,847

STATE OF ILLINOIS

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/11 Ending: 12/31/11

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/11 (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	$ 22,649	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	948,076		3
4	Supply Inventory (priced at Cost)	45,188		4
5	Short-Term Investments	1,092,402		5
6	Prepaid Insurance	8,014		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Supplemental	10,070		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 2,126,399	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	521,044		13
14	Buildings, at Historical Cost	6,030,203		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	2,022,325		16
17	Accumulated Depreciation (book methods)	(5,526,343)		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)**	$ 3,047,229	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 5,173,628	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 411,370	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	383,248		29
30	Accrued Salaries Payable	265,185		30
31	Accrued Taxes Payable (excluding real estate taxes)	225		31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36				36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 1,060,028	$	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)**	$ 1,060,028	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 4,113,600	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 5,173,628	$	48

SEE ACCOUNTANTS' COMPILATION REPORT

***(See instructions.)**

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Page 17 Supplemental Schedule

Description	Operating	After Consolidation
Line 9 - Other Current Assets		
Interest Receivable	10,070	
Total	10,070	-
Line 23 - Other Long Term Assets		
Total	-	-
Line 36 - Other Current Liabilities		
Total	-	-
Line 43 - Other Long Term Liabilities		

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/11 Ending: 12/31/11

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 4,551,106	1
2	Restatements (describe):		2
3	**Audit Adjustments - Prior Year**	3,222	3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 4,554,328	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(440,728)	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)**	$ (440,728)	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)**	$ 4,113,600	24 *

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/11 Ending: 12/31/11

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	$ 6,314,793	1
2	Discounts and Allowances for all Levels	(1,184,271)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 5,130,522	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,582,631	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 1,582,631	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	2,981	12
13	Barber and Beauty Care	19,880	13
14	Non-Patient Meals	16,467	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	106,955	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	29,406	19
20	Radiology and X-Ray	11,871	20
21	Other Medical Services	197,203	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 384,763	23
	D. Non-Operating Revenue		
24	Contributions	126,838	24
25	Interest and Other Investment Income***	30,309	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 157,147	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule	5,439	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 5,439	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 7,260,502	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,236,275	31
32	Health Care	3,657,809	32
33	General Administration	1,499,457	33
	B. Capital Expense		
34	Ownership	230,738	34
	C. Ancillary Expense		
35	Special Cost Centers	1,015,083	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)***	$ 7,701,230	40
41	**Income before Income Taxes (line 30 minus line 40)****	(440,728)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (440,728)	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.**

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Description	Total	Adjustment
Line 28 - Other Revenue		
Royalty Revenue	5,419	
Transportation Revenue	1,178	1,178
Vending Machine Commissions	1,029	
Recyling Proceeds	47	
Miscellaneous Revenue	2,288	2,288
Unrealized Loss on Investments	(4,522)	
Total	5,439	3,466

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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	1,796	2,080	$ 65,397	$ 31.44	1
2	Assistant Director of Nursing	1,804	2,080	58,135	27.95	2
3	Registered Nurses	25,513	27,766	769,580	27.72	3
4	Licensed Practical Nurses	25,465	27,477	678,254	24.68	4
5	CNAs & Orderlies	103,197	110,337	1,403,785	12.72	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,550	1,600	24,620	15.39	9
10	Activity Assistants	4,583	4,899	56,744	11.58	10
11	Social Service Workers	6,575	6,957	96,011	13.80	11
12	Dietician					12
13	Food Service Supervisor	1,900	2,080	36,563	17.58	13
14	Head Cook	5,509	5,918	72,488	12.25	14
15	Cook Helpers/Assistants	26,006	27,655	253,253	9.16	15
16	Dishwashers					16
17	Maintenance Workers	4,226	4,551	74,830	16.44	17
18	Housekeepers	11,323	12,474	132,392	10.61	18
19	Laundry	7,648	11,412	84,286	7.39	19
20	Administrator	1,920	2,080	75,090	36.10	20
21	Assistant Administrator					21
22	Other Administrative	1,840	2,080	47,309	22.74	22
23	Office Manager					23
24	Clerical	11,230	12,202	155,348	12.73	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	944	1,087	11,184	10.29	31
32	Other Health Care(specify)					32
33	Other(specify) See Supp.	2,000	2,080	26,053	12.53	33
34	TOTAL (lines 1 - 33)	245,029	266,815	$ 4,121,322 *	$ 15.45	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

** See instructions.

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	170	$ 7,390	01 - 02	35
36	Medical Director	520	20,400	09 - 03	36
37	Medical Records Consultant	24	1,200	10 - 03	37
38	Nurse Consultant	150	11,975	10 - 03	38
39	Pharmacist Consultant	192	5,228	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	44	2,971	11 - 03	44
45	Social Service Consultant	22	1,493	12 - 03	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	1,122	$ 50,657		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	323	$ 14,546	10 - 03	50
51	Licensed Practical Nurses	1,732	58,638	10 - 03	51
52	Certified Nurse Assistants/Aides	6,717	151,879	10 - 03	52
53	TOTAL (lines 50 - 52)	8,772	$ 225,063		53

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Description	Hours Worked	Hours Paid	Salary
Other Salaries			
Marketing	2,000	2,080	26,053
Total	2,000	2,080	26,053

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XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Jon Ragsdale	Administrator	0	$ 75,090
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			$ 75,090

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
Wessels Sherman	HR Consultant (Pg. 5 ADJ)	$ 350
FR&R	Consulting	2,738
Jeremy Brune & Associates	Accounting	3,796
WIPFLI	Accounting	21,423
Duane Morris	Legal	2,662
R. Johnson Architects, Inc.	Architect	671
Slavin & Slavin	Legal	1,694
Aplington, Kaufman		
McClintock, Steele	Collections (Pg 5 ADJ)	3,243
Paylocity	Payroll	13,804
Kronos	Data Processing	2,640
See Supplemental Schedule	See Supplemental Schedule	11,616
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed $5,000, attach copy of invoices.)		$ 64,637

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 98,543
Unemployment Compensation Insurance	9,163
FICA Taxes	302,862
Employee Health Insurance	344,841
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
401K Match	37,683
Physicals and Drug Screens	8,477
Employee Recognition	19,443
TOTAL (agree to Schedule V, line 22, col.8)	$ 821,012

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	6,660
Health Care Worker Background Check (Indicate # of checks performed)	2,300
Patient Background Checks	
Licenses	175
Dues and Subscriptions	11,291
Marketing and Public Relations	22,863
Less: Public Relations Expense	(8,781)
Non-allowable advertising	(14,082)
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 20,425

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	8,404
Seminar Expense	13,057
Non-Allowable	(803)
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 20,658

* Attach copy of IMRF notifications

**See instructions.

SEE ACCOUNTANTS' COMPILATION REPORT

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Page 21 Supplemental Schedule - Other Professional Fees

Vendor	Type	Amount
QC / MDI Achieve	Data Processing	5,746
Ability Network	Data Processing	2,940
Echols & Associates, P.C.	Accounting	1,730
Other Professional Fees	Other	1,200
Total		11,616

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Page 21 Supplemental Schedule - Travel and Seminar

Vendor	Attendee	Location	Travel	Seminar	Total	Non-Allowable
LSN - Trade Show	Nancy Jackson	Chicago, IL		189	189	189
Ascent Collection - Hotel for LSN	Nancy Jackson	Chicago, IL	183		183	183
Fairfield Inn - Hotel for LSN	Nancy Jackson	Chicago, IL	344		344	344
Metra - Train to LSN Conference	Nancy Jackson	Chicago, IL	10		10	10
Amtrak - Train to LSN Conference	Nancy Jackson	Chicago, IL	18		18	18
Metra - Train to NeoCom Convention	Nancy Jackson	Chicago, IL	33		33	33
Maggiano's - Dinner at NeoCom Convention	Nancy Jackson	Chicago, IL	25		25	25
Leadership Certificate - Mileage Reimbursement	Marylee Simpson		85		85	
Leadership Certificate - Mileage Reimbursement	Marylee Simpson		82		82	
LSN - Trade Show	Marylee Simpson	Chicago, IL		189	189	
SHRM - Chapter Meeting	Marylee Simpson	LaSalle, IL		16	16	
24 Hour Radio Dispatch - Tech's & LSN Conference	Marylee Simpson	Chicago, IL		50	50	
AAIN Employers Association	Marylee Simpson			38	38	
Amtrak - Train to LSN Conference	Marylee Simpson	Chicago, IL	28		28	
24 Hour Radio Dispatch - Tech's & LSN Conference	Marylee Simpson	Chicago, IL	18		18	
Grand Lux Café - Meal at LSN Conference	Marylee Simpson	Chicago, IL	20		20	
Grand Lux Café - Meal at LSN Conference	Marylee Simpson	Chicago, IL	10		10	
Comfort Suites - Hotel for LSN Conference	Marylee Simpson	Chicago, IL	481		481	
Fred Pryor Career Track	Marylee Simpson	Bloomington, IL		79	79	
Human Resources Series - Mileage Reimbursement	Marylee Simpson	Peoria, IL	77		77	
Human Resources Series - Mileage Reimbursement	Marylee Simpson	Peoria, IL	77		77	
Human Resources Series - Mileage Reimbursement	Marylee Simpson	Peoria, IL	77		77	
EA - Human Resources Certificate Series	Marylee Simpson	Peoria, IL		495	495	
SHRM - Chapter Meeting	Marylee Simpson	LaSalle, IL		16	16	
SHRM - Chapter Meeting	Marylee Simpson	LaSalle, IL		16	16	
Seminar - Mileage Reimbursement	Marylee Simpson	Rockford, IL	61		61	
NHRMA Meeting - WC - Mileage Reimbursement	Marylee Simpson	St. Charles, IL	77		77	
SLEA - Criminal History Record Information	Marylee Simpson	Springfield, IL		25	25	
SLEA Seminar - Meal Reimbursement	Marylee Simpson	Springfield, IL	25		25	
SLEA Seminar - Fairfield Inn - Lodging	Marylee Simpson	Springfield, IL	124		124	
SLEA Seminar - Fairfield Inn - Mileage	Marylee Simpson	Springfield, IL	163		163	
SHRM - Chapter Meeting	Marylee Simpson	LaSalle, IL		17	17	
Standard Parking - LSN Conference	Jon Ragsdale	Chicago, IL	50		50	
LSN - Trade Show	Life Enrichment	Chicago, IL		189	189	
Mileage Reimbursement and Meal	Tammy Glore	Mendota, IL	10		10	
Mileage Reimbursement and Meal	Tammy Glore	Mendota, IL	15		15	
Mileage Reimbursement and Meal	Life Enrichment	Mendota, IL	6		6	
For Cab Service - Tech's & LSN Conference	Kari Lazzarotto	Chicago, IL	10		10	
Mileage Reimbursement - LSN Conference	Celina Reyez	Chicago, IL	27		27	
Mileage Reimbursement - LSN Conference	Jennifer Castle	Chicago, IL	101		101	
Mileage Reimbursement - LSN Conference	Jennifer Jandura	Chicago, IL	30		30	
Mileage Reimbursement - LSN Conference	Lorena Lemus	Chicago, IL	117		117	
Metra - Train to LSN Conference	Jennifer Castle	Chicago, IL	12		12	
Metra - Train to LSN Conference	Jennifer Castle	Chicago, IL	12		12	
Mileage Reimbursement - LSN Conference	Sharon Vanlanduit	Chicago, IL	125		125	
Metra - Train to LSN Conference	Jennifer Jandura	Chicago, IL	12		12	
Fairfield Inn - Hotel for LSN	Sheri Bowne	Chicago, IL	516		516	
LSN Conference - Cab Fees		Chicago, IL	11		11	
Timothy O-Tools Pub - Meals - LSN Conference	Mary Wren	Chicago, IL	27		27	
Fairfield Inn - Hotel for LSN	Sharon Vanlanduit	Chicago, IL	516		516	
LSN Conference - Cab Fees		Chicago, IL	14		14	
Amtrak - Travel to LSN Trade Show	Multiple	Chicago, IL	108		108	
Grand Lux Café - Meal at LSN Conference	Multiple	Chicago, IL	197		197	
Grand Lux Café - Meal at LSN Conference	Multiple	Chicago, IL	85		85	
Fairfield Inn - Hotel for LSN Trade Show	Sharon Vanlanduit	Chicago, IL	516		516	
Metra - Train to LSN Conference	Jennifer Castle	Chicago, IL	12		12	
Halsted Street Deli - Conference Meal	Sheri Bowne	Oakbrook, IL	16		16	
Inservice Meal	Multiple	Mendota, IL	8		8	
Fred Pryor Career Track - Seminar	Mary Wren	Bloomington, IL		79	79	
Fred Pryor Career Track - Seminar	Sheri Bowne	Bloomington, IL		79	79	
TGI Fridays - Meal for Seminar	Mary Wren / Sheri Bowne	Bloomington, IL		84	84	
Seminar	Kari Lazzarotto			109	109	
Leadership for Leaders Certificate - Mileage	Celest DeVito	South Beloit, IL		57	57	
Skin Care	Mary Wren	Mendota, IL		80	80	
Leadership for Leaders Certificate - Mileage	Celest DeVito	South Beloit, IL	20		20	
How the Brain Forms - Seminar	Sharon Vanlanduit	Peoria, IL		74	74	
How the Brain Forms - Seminar	Linda Fetzer	Peoria, IL		74	74	
How the Brain Forms - Seminar	Terri Conner	Peoria, IL		74	74	
Conference	Mary Wren / Sheri Bowne	Oakbrook, IL		81	81	
IVCC - Seminar	Mary Wren	Illinois		99	99	
IVCC - Seminar	Sheri Bowne	Illinois		99	99	
How the Brain Forms - Travel Reimbursement	See Above	Peoria, IL	108		108	
How the Brain Forms - Travel Reimbursement	See Above	Peoria, IL	9		9	
How the Brain Forms - Travel Reimbursement	See Above	Peoria, IL	(18)		(18)	
Leadership for Leaders Certificate - Mileage	Celest DeVito	South Beloit, IL	132		132	
McDonalds - INAHA Conference - Meals	Nursing - Multiple	Springfield, IL	10		10	
Red Lobster - INAHA Conference - Meals	Nursing - Multiple	Springfield, IL	100		100	
Becks - INAHA Conference - Gas	Nursing - Multiple	Springfield, IL	35		35	
Crown Plaza - INAHA Conference	Nursing - Multiple	Springfield, IL	986		986	
LSN - IL Nursing Practice Act Overview	Multiple	Mendota, IL		100	100	
Leadership for Leads Certificate	Marylee Simpson			305	305	
SHRM - Chapter Meeting	Marylee Simpson	LaSalle, IL		15	15	
SNF Billing Seminar	Sue Wujek / Anita M.	Bloomington, IL		110	110	
NIU - LSN Trade Show Registration	Jon Ragsdale / Sue Wujek	Chicago, IL		379	379	
Double Tree - LSN Conference	Sue Wujek	Chicago, IL		(36)	(36)	
Taxi - Transportation at LSN Conference		Chicago, IL		25	25	
Amtrak - LSN Conference	Marylee Simpson	Chicago, IL	28		28	
Amtrak - LSN Conference	Jon Ragsdale	Chicago, IL	28		28	
Grand Lux Café - Meal at LSN Conference	Sue Wujek	Chicago, IL	20		20	
Grand Lux Café - Meal at LSN Conference	Sue Wujek	Chicago, IL	6		6	
Fairfield Inn - LSN Conference	Jon Ragsdale	Chicago, IL	172		172	
Double Tree - LSN Conference	Sue Wujek	Chicago, IL	541		541	
LSN Conference - Mileage Reimbursement	Jon Ragsdale	Chicago, IL		88	88	
NHRMA Meeting - WC - Mileage Reimbursement	Jon Ragsdale	St. Charles, IL		58	58	
Amtrak - LSN Conference (Credit Voucher)	Sue Wujek	Chicago, IL	(25)		(25)	
Mileage Reimbursement - Seminar	Anita Matuszewski	Bloomington, IL	70		70	
INAHA Conference	Jon Ragsdale	East Peoria, IL		95	95	
Star 12	Sue Wujeck	Mendota, IL		299	299	
Double Tree - Hotel for Conference	Anita Matuszewski	Bloomington, IL	134		134	
Mileage Reimbursement - INAHA Conference	Jon Ragsdale	East Peoria, IL	75		75	
Asia Grill - INAHA Conference	Jon Ragsdale	East Peoria, IL	22		22	
Par A Dice Hotel - INAHA Conference	Jon Ragsdale	East Peoria, IL	111		111	
LSN - Medicare University	Anita Matuszewski	Naperville, IL		550	550	
LSN - Medicare University - Mileage Reimbursement	Anita Matuszewski	Naperville, IL	61		61	
Country Inn - Hotel - Medicare University	Anita Matuszewski	Naperville, IL	245		245	
TGI Fridays - Meal for Seminar	Anita Matuszewski	Naperville, IL	14		14	
SNF Billing Seminar	Anita Matuszewski	Bloomington, IL		71	71	
SNF Billing Seminar	Sue Wujek	Bloomington, IL		71	71	
Education Credit	Multiple	Bloomington, IL		(100)	(100)	
NIU - LSN Trade Show Registration	Karen Wold	Chicago, IL		189	189	
Fairfield Inn - Hotel - LSN Conference	Karen Wold	Chicago, IL	172		172	
Residents Medical Condition Seminar	Karen Wold			99	99	
Gift Show	Various	Chicago, IL	14		14	
Coastal Educational Videos	Various	N/A		1,946	1,946	
Inservice Meal	Various	Mendota, IL	66		66	
Inservice Meal	Various	Mendota, IL	31		31	
John Munoz - Conflict Resolution Presentation	Various	Mendota, IL		435	435	
Inservice Meal	Various	Mendota, IL	25		25	
Inservice Meal	Various	Mendota, IL	13		13	
Inservice	Jan Trainer			499	499	
Clubhouse Inn - Hotel for Inservice	Jan Trainer		230		230	
NIU - LSN Trade Show	Various	Chicago, IL		2,463	2,463	
Life Services Network - Travel	Various	Chicago, IL	159		159	
IVCC - Seminar		Illinois		99	99	
Sullivans - Skin Care Inservice	Various	Illinois		24	24	
Sports N Stuf - Skin Care Inservice	Various	Illinois		45	45	
Nursing Education	Various	Illinois		50	50	
				83	83	
John Munoz - Conflict Resolution Presentation	Various	Mendota, IL		218	218	
Sullivans - Skin Care Inservice	Various	Illinois		(90)	(90)	
Sullivans - Skin Care Inservice	Various	Illinois		30	30	
				76	76	
Education Videos - Abuse	Various	N/A		528	528	
Diagnost Tests - In House Education	Various	Mendota, IL		43	43	
IV Therapy Tests - In House Education	Various	Mendota, IL		43	43	
Eldercare Communications / Abuse Video	Various	N/A		201	201	
Education Day Supplies	Various	Mendota, IL		36	36	
Education Day Supplies	Various	Mendota, IL		30	30	
Education Day Supplies	Various	Mendota, IL		25	25	
Education Day Supplies	Various	Mendota, IL		34	34	
Pathway Health Services - MDS Training	Nursing	Mendota, IL		1,852	1,852	
			8,404	13,057	21,461	803

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/11 Ending: 12/31/11

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: 01/01/11 Ending: 12/31/11

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 = $7,880**

(3) Did the nursing home make political contributions or payments to a political action organization? **No** If YES, have these costs been properly adjusted out of the cost report? **N/A**

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **No** If YES, what is the capacity? **N/A**

(5) Have you properly capitalized all major repairs and equipment purchases? **Yes**
What was the average life used for new equipment added during this period? **10 Years**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **79,631** 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. $ **16,467**

(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? **Ln. 14**
d. Have vehicle usage logs been maintained? **Yes**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **Yes**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **Yes**
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. $ **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? **N/A**
Attach invoices and a summary of services for all architect and appraisal fees