FOR BHF USE

LL1

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.

2014
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2014)

I. IDPH License ID Number: 0019109

Facility Name: The Lutheran Home

Address: 6901 N Galena Road (Number) Peoria (City) 61614 (Zip Code)

County: Peoria

Telephone Number: 314-968-9313 **Fax #** 314-968-5590

HFS ID Number:

Date of Initial License for Current Owners: 2/25/2007

Type of Ownership:

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: Paul Ogier **Telephone Number:** 314-968-9313
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 01/01/2014 to 12/31/2014 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) Paul Ogier

(Title) CFO

Paid Preparer

(Signed) _____ (Date)

(Print Name and Title) Amanda Tinney, Principal

(Firm Name & Address) CliftonLarsonAllen LLP, 600 Washington Avenue, Suite 1800, St. Louis MO 63101

(Telephone) 314-925-4497 Fax # 314-925-4350

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**

Facility Name & ID Number The Lutheran Home # 0019109 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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	85	Skilled (SNF)	85	31,025	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	85	TOTALS	85	31,025	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	4,347	16,913	6,063	27,323	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	4,347	16,913	6,063	27,323	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 88.07%

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 06/1/1976

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 85 and days of care provided 4,836

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

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

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

Tax Year: 12/31/2014 Fiscal Year: 12/31/2014

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

Facility Name & ID Number The Lutheran Home # 0019109 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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	298,488	22,576	18,767	339,831		339,831	(3,068)	336,763			1
2	Food Purchase		203,879		203,879		203,879	(84)	203,795			2
3	Housekeeping	170,546	27,058	7,690	205,294		205,294		205,294			3
4	Laundry	37,253	10,515	5,965	53,733		53,733		53,733			4
5	Heat and Other Utilities			124,410	124,410		124,410		124,410			5
6	Maintenance	109,904	27,569	126,823	264,296		264,296	(90)	264,206			6
7	Other (specify):*											7
8	TOTAL General Services	616,191	291,597	283,655	1,191,443		1,191,443	(3,242)	1,188,201			8
	B. Health Care and Programs											
9	Medical Director			6,000	6,000		6,000		6,000			9
10	Nursing and Medical Records	2,247,569	78,677	93,354	2,419,600		2,419,600		2,419,600			10
10a	Therapy		51	744,387	744,438		744,438		744,438			10a
11	Activities	181,833	10,091	16,945	208,869		208,869		208,869			11
12	Social Services	39,893	203	1,819	41,915		41,915		41,915			12
13	CNA Training											13
14	Program Transportation	10,338	3,523	1,611	15,472		15,472	(11,287)	4,185			14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	2,479,633	92,545	864,116	3,436,294		3,436,294	(11,287)	3,425,007			16
	C. General Administration											
17	Administrative	87,235			87,235		87,235		87,235			17
18	Directors Fees											18
19	Professional Services			504,904	504,904		504,904	(33,546)	471,358			19
20	Dues, Fees, Subscriptions & Promotions			17,975	17,975		17,975		17,975			20
21	Clerical & General Office Expenses	138,389	10,190	132,897	281,476		281,476	(24,067)	257,409			21
22	Employee Benefits & Payroll Taxes			757,000	757,000		757,000		757,000			22
23	Inservice Training & Education											23
24	Travel and Seminar			19,931	19,931		19,931		19,931			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			52,733	52,733		52,733		52,733			26
27	Other (specify):* MARKETING	101,478	14,610	23,259	139,347		139,347	(139,347)				27
28	TOTAL General Administration	327,102	24,800	1,508,699	1,860,601		1,860,601	(196,960)	1,663,641			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,422,926	408,942	2,656,470	6,488,338		6,488,338	(211,489)	6,276,849			29

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

Facility Name & ID Number The Lutheran Home #0019109 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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			466,704	466,704		466,704	(133,187)	333,517			30
31	Amortization of Pre-Op. & Org.			246	246		246		246			31
32	Interest			225,762	225,762		225,762	(43,029)	182,733			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	**TOTAL Ownership**			692,712	692,712		692,712	(176,216)	516,496			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		262,790	58,363	321,153		321,153		321,153			39
40	Barber and Beauty Shops			15,422	15,422		15,422	(15,422)				40
41	Coffee and Gift Shops			6,613	6,613		6,613		6,613			41
42	Provider Participation Fee			178,257	178,257		178,257		178,257			42
43	Other (specify):* AL/IL	1,791,599	746,037	6,900,391	9,438,027		9,438,027	(9,438,027)				43
44	**TOTAL Special Cost Centers**	1,791,599	1,008,827	7,159,046	9,959,472		9,959,472	(9,453,449)	506,023			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	5,214,525	1,417,769	10,508,228	17,140,522		17,140,522	(9,841,154)	7,299,368			45

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

Facility Name & ID Number The Lutheran Home # 0019109 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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 Reference	3 BHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(3,068)	1		4
5	Telephone, TV & Radio in Resident Rooms	(87)	21		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(133,187)	30		9
10	Interest and Other Investment Income	(33,676)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(958)	21		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(19,066)	21		24
25	Fund Raising, Advertising and Promotional				25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See PG5A	(9,617,566)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (9,807,608)		$	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)	(33,546)	VII-B	34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (33,546)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (9,841,154)		37

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

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

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

The Lutheran Home

ID# 0019109

Report Period Beginning: 01/01/2014

Ending: 12/31/2014

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Beauty Shop Income	$ (15,422)	40	1
2	Transportation Income	(11,287)	14	2
3	Miscellaneous Income	(3,724)	21	3
4	Interest on Past Due Accounts	(9,353)	32	4
5	IL and AL Expenses	(9,438,027)	43	5
6	Liquor Expense	(84)	2	6
7	Maintenance Services	(90)	6	7
8	Finance and Late Fees	(232)	21	8
9	Marketing Expenses	(139,347)	27	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**	(9,617,566)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number The Lutheran Home # 0019109 **Report Period Beginning:** 01/01/2014 **Ending:** 12/31/2014

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	(3,068)	0	0	0	0	0	0	0	0	0	0	(3,068)	1
2	Food Purchase	(84)	0	0	0	0	0	0	0	0	0	0	(84)	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	(90)	0	0	0	0	0	0	0	0	0	0	(90)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	(3,242)	0	0	0	0	0	0	0	0	0	0	(3,242)	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	(11,287)	0	0	0	0	0	0	0	0	0	0	(11,287)	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	(11,287)	0	0	0	0	0	0	0	0	0	0	(11,287)	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	(33,546)	0	0	0	0	0	0	0	0	0	(33,546)	19
20	Fees, Subscriptions & Promotions	0	0	0	0	0	0	0	0	0	0	0	0	20
21	Clerical & General Office Expenses	(24,067)	0	0	0	0	0	0	0	0	0	0	(24,067)	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	(139,347)	0	0	0	0	0	0	0	0	0	0	(139,347)	27
28	**TOTAL General Administration**	(163,414)	(33,546)	0	0	0	0	0	0	0	0	0	(196,960)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(177,943)	(33,546)	0	0	0	0	0	0	0	0	0	(211,489)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number The Lutheran Home # 0019109 **Report Period Beginning:** 01/01/2014 **Ending:** 12/31/2014

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	(133,187)	0	0	0	0	0	0	0	0	0	0	(133,187)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(43,029)	0	0	0	0	0	0	0	0	0	0	(43,029)	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**	(176,216)	0	0	0	0	0	0	0	0	0	0	(176,216)	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	(15,422)	0	0	0	0	0	0	0	0	0	0	(15,422)	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):*	(9,438,027)	0	0	0	0	0	0	0	0	0	0	(9,438,027)	43
44	**TOTAL Special Cost Centers**	(9,453,449)	0	0	0	0	0	0	0	0	0	0	(9,453,449)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(9,807,608)	(33,546)	0	0	0	0	0	0	0	0	0	(9,841,154)	45

Facility Name & ID Number The Lutheran Home # 0019109 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Board Listing at PG6-Supp				Lutheran Senior Servi	St. Louis, MO	Home Office

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

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	19	Management Fee	$ 499,343	Lutheran Senior Services	100.00%	$ 465,797	$ (33,546)	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			$ 499,343			$ 465,797	$ * (33,546)	14

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

Facility Name & ID Number The Lutheran Home # 0019109 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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	RICHARD BAGY	BOD						1
2	NORMA BARR	BOD						2
3	LEE BODENDIECK	BOD						3
4	REV. JOEL CHRISTIANSEN	BOD						4
5	JAMES DANKENBRING	BOD						5
6	DIANE DROLLINGER	BOD						6
7	KARL DUNAJCIK	BOD						7
8	SCOTT HARTWIG	BOD						8
9	JOHN KOTOVSKY	BOD						9
10	JOHN KOMLOS	BOD						10
11	WILLIAM LUCAS	BOD						11
12	KATHLEEN MUELLER	BOD						12
13	CARLA ROBINSON-RAINEY	BOD						13
14	WILLIAM ROTH	BOD						14
15	REV. WILLIAM SIMMONS	BOD						15
16	DOUGLAS WALDEN	BOD						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

Facility Name & ID Number The Lutheran Home # 0019109 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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

Facility Name & ID Number The Lutheran Home # 0019109 Report Period Beginning: 01/01/2014 Ending: 2/31/2014

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 [X] NO [ ]

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

Name of Related Organization: Lutheran Senior Services
Street Address: 1150 Hanley Industrial Court
City / State / Zip Code: St. Louis, MO 63144
Phone Number: (314-968-9313
Fax Number: (314-968-5590

	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	17	Home Office	Direct Costs	162,046,447	24	$ 10,875,988	$ 7,976,988	6,940,132	$ 465,797	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					$ 10,875,988	$ 7,976,988		$ 465,797	25

Facility Name & ID Number The Lutheran Home # 0019109 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related											
	Long-Term											
1	IL Finance Authority -						$	$			$	1
2	2006 Bonds		X	Campus Expansion	$198,745.00	7/16/2006	5,750,142	4,962,949	2/1/2037	5.0000	225,762	2
3												3
4												4
5												5
	Working Capital											
6												6
7												7
8												8
9	TOTAL Facility Related				$198,745.00		$ 5,750,142	$ 4,962,949			$ 225,762	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$ 5,750,142	$ 4,962,949			$ 225,762	15

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

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

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

Facility Name & ID Number The Lutheran Home **#** 0019109 **Report Period Beginning:** 01/01/2014 **Ending:** 12/31/2014

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2013 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 2014 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:		
2009		8
2010		9
2011		10
2012		11
2013		12

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2013	$	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.

2013 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME The Lutheran Home COUNTY Peoria

FACILITY IDPH LICENSE NUMBER 0019109

CONTACT PERSON REGARDING THIS REPORT

TELEPHONE ( ) FAX #: ( )

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

Enter the tax index number and real estate tax assessed for 2013 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 2013.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	THIS IS 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 2013 tax bills which were listed in Section A to this statement. Be sure to use the 2013 tax bill which is normally paid during 2014.

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 The Lutheran Home # 0019109 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 32,000 B. General Construction Type: Exterior MANSONARY Frame WOOD 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. [ ] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

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

Lutheran Hillside Village Operates - 41 Assisted Living Units; 49 Patio Homes; 126 Independent Living Units; and 20 Assisted Memory Care Units

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

1. Total Amount Incurred: 807,882
2. Number of Years Over Which it is Being Amortized:
3. Current Period Amortization: 3,752
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	35,725	1976	$ 149,068	1
2	Facility	28,611	1985	180,000	2
3	TOTALS	64,336		$ 329,068	3

Facility Name & ID Number The Lutheran Home # 0019109 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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			1976	1976	$ 1,676,061	$ 38,789	40	$ 38,789	$	$ 1,668,089	4
5			1985	1985	481,567	13,733	40	13,733		422,641	5
6			1986	1986	698,529	17,466	40	17,466		502,074	6
7											7
8											8
	Improvement Type**										
9	Various			1976	58,237		20			58,237	9
10	Various			1978	4,465		20			4,465	10
11	Various			1979	149		20			149	11
12	Various			1980	470		20			470	12
13	Various			1982	403		20			403	13
14	Various			1983	1,717		20			1,717	14
15	Various			1984	2,946		20			2,946	15
16	Various			1985	3,290		20			3,290	16
17	Various			1986	5,335		20			5,335	17
18	Various			1987	18,303		20			18,303	18
19	Various			1988	66,182	1,756	20	1,756		58,063	19
20	Various			1990	134,732	3,305	20	3,305		86,164	20
21	Various			1991	40,069	1,091	20	1,091		27,126	21
22	Various			1992	890	29	20	29		681	22
23	Various			1993	748		20			748	23
24	Various			1994	5,993	193	20	193		4,144	24
25	Various			1995	36,256	1,747	20	1,747		35,154	25
26	Various			1996	43,073	1,174	20	1,174		29,370	26
27	Various			1997	32,988	522	20	522		21,585	27
28	Various			1998	13,903	750	20	750		14,530	28
29	Various			1999	122,497	405	20	405		117,004	29
30	Various			2000	63,649	2,956	20	2,956		47,216	30
31	Various			2001	190,577	3,484	20	3,484		165,792	31
32	Various			2002	1,912,111	57,217	20	57,217		743,824	32
33	Various			2003	319,328	16,337	20	16,337		196,046	33
34	Various			2004	220,824	10,173	20	10,173		103,256	34
35	Various			2005	57,276	2,863	20	2,863		28,637	35
36	Various			2006	8,909	297	20	297		2,673	36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number The Lutheran Home # 0019109 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Various	2007	$ 474,844	$ 23,742	20	$ 23,742	$	$ 174,037	37
38	Various	2008	378,947	18,947	20	18,947		126,748	38
39	Various	2009	399,349	19,967	20	19,967		106,608	39
40	WALL PROTECTOR	2010	74	5	15	5		23	40
41	OPTIMUS SETUP-CABLES&CONNECTORS	2010	1,274	85	15	85		382	41
42	WIRING,CABLE,DATA LINE-OPTIMUS EMR	2010	2,957	197	15	197		875	42
43	OPTIMUS SETUP-CABLES&ELECTRICAL LINES	2010	1,915	128	15	128		558	43
44	FLOORING,CARPET-DINING RM	2010	150	21	7	21		89	44
45	DEMOLITION-OLD CARE CENTER LINK	2011	3,676	245	15	245		817	45
46	FLOORING, CARPET	2011	821	117	7	117		450	46
47	FLOORING, CARPET	2011	3,093	442	7	442		1,694	47
48	FLOORING, CARPET-#5	2011	1,316	188	7	188		689	48
49	FIREPLACE INSERT, DIMPLEX 39"	2011	2,356	157	15	157		576	49
50	FLOORING, BINDING CARPET	2011	212	30	7	30		111	50
51	FLOORING,CERAMIC TILE-PUBLIC BATHRMS	2011	1,502	100	15	100		367	51
52	SURVEY,ASBESTOS/LEAD-AREA, OLD REC CENTE	2011	2,190	146	15	146		523	52
53	FIXTURE,PRE RINSE SPRAY VALVE	2011	74	5	15	5		18	53
54	VANITY,-BATHROOM	2011	227	15	15	15		54	54
55	MIRROR,WALL&HOLDERS-BATHROOM	2011	104	7	15	7		25	55
56	CERAMIC TILE&LIGHTING,MIRRORS-BATHRMS	2011	414	28	15	28		99	56
57	FLOORING, CERAMIC PUBLIC-BATHROOMS	2011	1,500	100	15	100		350	57
58	THERAPY & PUBLIC BATHROOMS-DRYWALL,CARPT	2011	12,388	826	15	826		2,891	58
59	PLUMBING,FIXTURE-THERAPY&PUBLIC BATHRO0M	2011	3,381	225	15	225		789	59
60	FLOORING, CARPET BASE/RUG	2011	421	60	7	60		206	60
61	FLOORING, CARPET-COMMON AREAS	2011	9,767	1,395	7	1,395		4,767	61
62	FLOORING,VINYL-NEW THERAPY RM	2011	5,267	752	7	752		2,571	62
63	FLOORING,CARPET-HC HALLWAY	2011	3,203	458	7	458		1,525	63
64	ELECTRICAL WK-DEMO OF REC CENTER	2011	735	49	15	49		163	64
65	CONDENSING UNIT, 15 TON, AWNING	2011	21,380	1,425	15	1,425		4,751	65
66	FLOORING, CERAMIC TILE-THERAPY HALLWAY	2011	499	33	15	33		111	66
67	FLOORING, CARPET-THERAPY HALLWAY	2011	173	25	7	25		82	67
68	LIGHT FIXTURE, FLUS MT CEILING LIGHTS	2011	296	20	15	20		66	68
69	FLOORING,CARPET-PUBLIC AREA	2011	164	23	7	23		78	69
70	TOTAL (lines 4 thru 69)		$ 7,556,145	$ 244,251		$ 244,251	$	$ 4,803,225	70

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

Facility Name & ID Number The Lutheran Home # 0019109 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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		$ 7,556,145	$ 244,251		$ 244,251	$	$ 4,803,225	1
2	FLOORING, VINYL-THERAPY&KITCHEN	2011	865	124	7	124		412	2
3	FLOORING, VINYL-THERAPY&KITCHEN	2011	865	124	7	124		412	3
4	FLOORING, CARPET-HALLWAY, THERAPY	2011	1,511	216	7	216		719	4
5	SECURITY, ACCESS CONTROL ON DOOR-THERAPY	2011	3,000	200	15	200		667	5
6	FLOORING,CARPET BASEBOARD-HC PULIC AREA	2011	196	28	7	28		93	6
7	FLOORING, CARPET & VINYL-#CLOVER CT COMM	2011	3,251	464	7	464		1,548	7
8	FLOORING, CARPET-DOGWOOD CT	2011	3,368	481	7	481		1,604	8
9	INTERIOR CONSULTANTING FEES-NURSES STATI	2011	6,750	450	15	450		1,463	9
10	GLASS, COMMERCIAL-NURSES STATIONS	2011	43	3	15	3		9	10
11	FLOORING, CARPET & VINYL-NURSES STATION	2011	18,570	2,653	7	2,653		8,622	11
12	PLUMBING-NURSES STATION OFFICE	2011	474	32	15	32		103	12
13	CABINETS-NURSES STATION	2011	29,646	1,976	15	1,976		6,423	13
14	PHONES,WIRING, CABLES RELOCATED-NURSE ST	2011	836	56	15	56		181	14
15	FIREPLACE-NURSES STATION/LOBBY	2011	7,880	525	15	525		1,707	15
16	RECEPTION STATION/AREA-NURSES STATION	2011	4,950	330	15	330		1,072	16
17	ELECTRICAL UPGRADES-NURSES STATION	2011	310	21	15	21		67	17
18	FLOORING, CARPET INSTALLED, COMMON AREAS	2011	2,383	340	7	340		1,078	18
19	FLOORING, CARPET-#ACON WAY-COMMON AREA	2011	6,750	964	7	964		3,054	19
20	PLUMBING, DRAIN RADIATOR LINES	2011	428	29	15	29		90	20
21	FLOORING, CARPET BASE	2011	590	118	5	118		374	21
22	DEMOLITION OF CORRIDOR LINK	2011	7,303	487	15	487		1,542	22
23	FLOORING, CERAMIC TILE	2011	1,114	74	15	74		229	23
24	ROOFING, MAIN BUILDING	2012	40,400	2,020	20	2,020		5,387	24
25	ASBESTOS MONITORING-INSIDE BLDG	2012	550	37	15	37		89	25
26	EMERGENCY CALL SYSTEM, WIRELESS	2012	185,913	12,394	15	12,394		37,183	26
27	GRANITE-FIREPLACE	2012	792	53	15	53		158	27
28	FLOORING, CARPET-CC	2012	196	39	5	39		118	28
29	FLOORING, CARPET BASE-#CC	2012	47	9	5	9		28	29
30	SCONE GLASS-EMERGENCY CALL SYSTEM	2012	463	31	15	31		93	30
31	FLOORING, TRANSITION STRIPS-ACTIVITY	2012	267	18	15	18		50	31
32	LOCK,MORTOSE-OFFICE DOOR-LAVENDER LANE	2012	414	28	15	28		78	32
33	WALLCABINECUBBY AREAS	2012	3,118	208	15	208		589	33
34	TOTAL (lines 1 thru 33)		$ 7,889,384	$ 268,782		$ 268,782	$	$ 4,878,465	34

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

Facility Name & ID Number The Lutheran Home # 0019109 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 7,889,384	$ 268,782		$ 268,782	$	$ 4,878,465	1
2	CABINETS-CNA CUBBY AREAS	2012	2,260	151	15	151		414	2
3	CABINETS-CUBBY AREA	2012	1,747	116	15	116		311	3
4	CABINETS, CUBBY AREAS-CNA	2012	6,310	421	15	421		1,122	4
5	WATER & SEWER LINES CAPPED OF	2012	2,303	154	15	154		384	5
6	ELECTRICAL PANEL REMOVED-CC	2012	1,245	83	15	83		201	6
7	ELECTRICAL DEMO-OLD RET HM	2012	255	17	15	17		38	7
8	ELECTRICAL WORK-DISHWASHER-EMANUAL	2012	922	61	15	61		133	8
9	BATHROOM FIXTURES	2012	1,709	114	15	114		237	9
10	HOT WATER MIXING VALVE&CIRC PUMP UPGRADE	2013	4,500	300	15	300		575	10
11	TILES, CERAMIC-PANTRY	2013	379	25	15	25		48	11
12	TILE, CERAMIC-WALL OR FL	2013	122	8	15	8		16	12
13	CABINETRY/SHELVING	2013	666	44	15	44		85	13
14	REMODEL-DEMO-EMMANUE KITCHEN	2013	1,569	105	15	105		192	14
15	REMODEL-CARPENTRY-EMMANUAL KITCHEN	2013	14,378	959	15	959		1,757	15
16	REMODEL-CABINETS&CTR TOPS-EMMANUEL KITCH	2013	3,137	209	15	209		383	16
17	REMODEL,ELECTRICAL-EMMANUAL KITCHEN	2013	1,307	87	15	87		160	17
18	REMODEL,PLUMBING&FIXTURES-EMMANUAL KITCH	2013	2,353	157	15	157		288	18
19	REMODEL, PAINTING-EMMANUAL KITCHEN	2013	2,091	299	7	299		548	19
20	FLOORING, REMODEL-EMMANUAL KITCHEN	2013	1,307	187	7	187		342	20
21	PANTRY DOOR SECURITY, ACCESS-EMANUAL	2013	1,244	83	15	83		152	21
22	CERAMIC TILE-WALL/FLOOR-EMANUAL PL PANTR	2013	416	28	15	28		53	22
23	FLOORING,CARPET-#1 EMANUEL	2013	243	49	5	49		77	23
24	ELECTRICAL-ADDITIONAL POWER	2013	3,350	223	15	223		354	24
25	CABINETS- CC-COFFEEBAR	2013	1,150	77	15	77		115	25
26	LIGHTING FIXTURES	2013	996	66	15	66		83	26
27	LIGHTING FIXTURES	2013	318	21	15	21		27	27
28	LIGHTING- CARE CENTER	2013	5,858	391	15	391		521	28
29	FLOORING, CARPET & VINYL-HALLWAYS	2013	705	141	5	141		247	29
30	FLOORING-CARPET- EP 1	2013	125	25	5	25		38	30
31	FLOORING-CARPET	2013	60	12	5	12		18	31
32	FLOORING- CARPET- EVERGREEN DINING	2014	8,319	1,089	7	1,089		1,089	32
33	FLOORING- VINYL- EVERGREEN DINING	2014	1,107	145	7	145		145	33
34	TOTAL (lines 1 thru 33)		$ 7,961,835	$ 274,627		$ 274,627	$	$ 4,888,616	34

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

Facility Name & ID Number The Lutheran Home # 0019109 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		$ 7,961,835	$ 274,627		$ 274,627	$	$ 4,888,616	1
2	EVERGREEN DINING 1/2 WALL	2014	2,680	149	15	149		149	2
3	ELECTRICAL- FOOD PREP- EVERGREEN DINING	2014	3,502	195	15	195		195	3
4	FLOORING- CARPET- EVERGREEN DINING	2014	2,826	336	7	336		336	4
5	LIGHT FIXTURE- HEAT LAMP (2)	2014	749	42	15	42		42	5
6	LIGHT FIXTURE- HEAT LAMP (2)	2014	569	32	15	32		32	6
7	HAND SINK - EVERGREEN DINING	2014	703	39	15	39		39	7
8	FLOORING- COVE BASE- EVERGREEN DINING	2014	525	63	7	63		63	8
9	FLOORING- COVE BASE- EVERGREEN DINING	2014	158	19	7	19		19	9
10	Sink for evergreen	2014	1,251	63	15	63		63	10
11	Carpet for evergreen	2014	358	38	7	38		38	11
12	FLOORING - CARPET BP3	2014	471	47	5	47		47	12
13	FLOORING-CARPETING #C7	2014	303	10	5	10		10	13
14	FLOORING-CARPETING #C7	2014	150	2	15	2		2	14
15	ROOM FINISHES	2014	52	1	15	1		1	15
16	SARA 3000 W/SCALE W/O SIDE GRP	2014	5,193	58	15	58		58	16
17	SARA 3000 SLING-LARGE	2014	224	3	15	3		3	17
18	FURNISH 8 TOWEL BARS AND TOILET PAPER HOLDERS	2014	730	3	15	3		3	18
19	LOCKSETS FOR BATHROOM DOORS IN SNF	2014	937	5	15	5		5	19
20	DEMOLISH AND REFURBISH 8 BATHROOMS IN SNF	2014	53,500	600	15	600		600	20
21	- remove tile on walls, light fixtures, wallpaper, flooring								21
22	and toilets								22
23	- add storage unit above toilet, mirrors, grab bars								23
24	- patch and paint entire bathrooms, add tile accent on walls								24
25	- new vinyl flooring, updates faucets and drains								25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 8,036,715	$ 276,329		$ 276,329	$	$ 4,890,318	34

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

Facility Name & ID Number The Lutheran Home # 0019109 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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	$ 454,580	$ 50,172	$ 50,172	$	various	$ 273,411	71
72	Current Year Purchases	19,299	3,033	3,033		various	3,033	72
73	Fully Depreciated Assets	1,204,703	3,983	3,983		various	1,204,703	73
74								74
75	TOTALS	$ 1,678,582	$ 57,188	$ 57,188	$		$ 1,481,147	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Facility	Car & Silverado	2000	$ 30,750	$	$	$	8	$ 30,750	76
77	Facility	Vehicle Wheelchair Conversion	2007	16,026				5	16,026	77
78										78
79										79
80	TOTALS			$ 46,776	$	$	$		$ 46,776	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 10,091,141	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 333,517	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 333,517	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)	$ 6,418,241	85	

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

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	Non Care Combined Assets	$ 62,858,420	$ 2,358,641	$ 27,929,523	86
87					87
88					88
89					89
90					90
91	TOTALS	$ 62,858,420	$ 2,358,641	$ 27,929,523	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.

Facility Name & ID Number The Lutheran Home # 0019109 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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.	/2015	$
13.	/2016	$
14.	/2017	$

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

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

C. Vehicle Rental (See instructions.)

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

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number The Lutheran Home # 0019109 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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 ____

LUTHERAN HILLSIDE VILLAGE, INC DOES NOT TRAIN CNAS, THEY ARE HIRED ALREADY CERTIFIED.

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.

Facility Name & ID Number The Lutheran Home # 0019109 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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	V10A-3	hrs	$	4,144	$ 269,234	$ 17	4,144	$ 269,251	1
2	Licensed Speech and Language Development Therapist	V10A-3	hrs		1,513	100,620	17	1,513	100,637	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	V10A-3	hrs		5,643	373,402	17	5,643	373,419	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	V39-2	# of prescrpts				212,583		212,583	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):									13
14	TOTAL			$	11,300	$ 743,256	$ 212,634	11,300	$ 955,890	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.

STATE OF ILLINOIS

Facility Name & ID Number The Lutheran Home # 0019109 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/2014 (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	$ (420,865)	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (31,000))	943,933		3
4	Supply Inventory (priced at)	52,346		4
5	Short-Term Investments			5
6	Prepaid Insurance	3,980		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): OTHER CURRENT ASSETS	576,728		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,156,122	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	6,061,507		12
13	Land	369,068		13
14	Buildings, at Historical Cost	68,528,572		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	4,051,921		16
17	Accumulated Depreciation (book methods)	(34,404,631)		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 (spe OTHER LT ASSETS	331,201		22
23	Other(specify): CIP	1,461,332		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 46,398,970	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 47,555,092	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 124,289	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	433,627		30
31	Accrued Taxes Payable (excluding real estate taxes)	13,866		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	OTHER CURRENT LIABILITIES	216,397		36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 788,179	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	797,136		39
40	Mortgage Payable	39,226,626		40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	ENTRANCE FEES PAYABLE	29,340,750		43
44	RESIDENT DEPOSITS	418,797		44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 69,783,309	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 70,571,488	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (23,016,396)	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 47,555,092	$	48

*(See instructions.)

Facility Name & ID Number The Lutheran Home **#** 0019109 **Report Period Beginning:** 01/01/2014 **Ending:** 12/31/2014

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total		
1	**Balance at Beginning of Year, as Previously Reported**	$ (22,096,770)	1	
2	Restatements (describe):		2	
3			3	
4			4	
5			5	
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (22,096,770)	6	
	A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(919,628)	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) **ROUNDING**	2	15	
16	Other (describe)		16	
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ (919,626)	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)**	$ (23,016,396)	24	*

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

Facility Name & ID Number The Lutheran Home # 0019109 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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.

	I. Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 7,476,355	1
2	Discounts and Allowances for all Levels	(1,979,608)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 5,496,747	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,575,938	6
7	Oxygen	4,877	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 1,580,815	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		12
13	Barber and Beauty Care	18,508	13
14	Non-Patient Meals	3,068	14
15	Telephone, Television and Radio	87	15
16	Rental of Facility Space		16
17	Sale of Drugs	285,746	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	19,415	19
20	Radiology and X-Ray	9,849	20
21	Other Medical Services	90,230	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 426,903	23
	D. Non-Operating Revenue		
24	Contributions	407,735	24
25	Interest and Other Investment Income***	33,676	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 441,411	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Other Revenue	13,418	28
28a	AL/IL Revenue	8,261,600	28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 8,275,018	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 16,220,894	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,191,443	31
32	Health Care	3,436,294	32
33	General Administration	1,860,601	33
	B. Capital Expense		
34	Ownership	692,712	34
	C. Ancillary Expense		
35	Special Cost Centers	9,781,215	35
36	Provider Participation Fee	178,257	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 17,140,522	40
41	**Income before Income Taxes (line 30 minus line 40)****	(919,628)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (919,628)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 1,001,328	44
45	Private Pay - Net Inpatient Revenue	4,058,658	45
46	Medicare - Net Inpatient Revenue	730,246	46
47	Other-(specify) MANAGED CARE	190,330	47
48	Other-(specify) BENEVOLENT CARE	(483,815)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 5,496,747	49

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

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

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

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

Facility Name & ID Number The Lutheran Home # 0019109 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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	1,578	1,578	$ 57,662	$ 36.55	1
2	Assistant Director of Nursing	-	-	-		2
3	Registered Nurses	15,407	16,561	412,233	24.89	3
4	Licensed Practical Nurses	27,737	30,790	656,937	21.34	4
5	CNAs & Orderlies	67,897	76,594	911,711	11.90	5
6	CNA Trainees	-	-	-		6
7	Licensed Therapist	-	-	-		7
8	Rehab/Therapy Aides	-	-	-		8
9	Activity Director	-	-	-		9
10	Activity Assistants	8,319	8,602	192,172	22.34	10
11	Social Service Workers	1,696	1,769	39,893	22.55	11
12	Dietician	-	-	-		12
13	Food Service Supervisor	-	-	-		13
14	Head Cook	-	-	-		14
15	Cook Helpers/Assistants	22,348	24,673	298,488	12.10	15
16	Dishwashers	-	-	-		16
17	Maintenance Workers	5,397	5,884	109,904	18.68	17
18	Housekeepers	12,944	14,149	170,546	12.05	18
19	Laundry	3,389	3,600	37,253	10.35	19
20	Administrator	2,006	2,006	87,235	43.49	20
21	Assistant Administrator	-	-	-		21
22	Other Administrative	13,565	14,891	333,494	22.39	22
23	Office Manager	-	-	-		23
24	Clerical	-	-	-		24
25	Vocational Instruction	-	-	-		25
26	Academic Instruction	-	-	-		26
27	Medical Director	-	-	-		27
28	Qualified MR Prof. (QMRP)	-	-	-		28
29	Resident Services Coordinator	-	-	-		29
30	Habilitation Aides (DD Homes)	-	-	-		30
31	Medical Records	926	1,009	13,919	13.79	31
32	Other Health C: MARKETING CO	3,219	3,393	101,478	29.91	32
33	Other(specify) AL/IL/MARKETI	111,651	120,971	1,791,599	14.81	33
34	TOTAL (lines 1 - 33)	298,079	326,469	$ 5,214,525 *	$ 15.97	34

* 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	236	$ 14,643	V1-3	35
36	Medical Director	Monthly	6,000	V9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	890	5,677	V39-3	39
40	Physical Therapy Consultant	4	234	V10a-3	40
41	Occupational Therapy Consultant	10	523	V10a-3	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	2	117	V10a-3	43
44	Activity Consultant	258	8,076	V11-3	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	1,400	$ 35,270		49

C. CONTRACT NURSES

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

Facility Name & ID Number The Lutheran Home # 0019109 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Deboarah Simaytis	Administrator	0	$ 43,541
Wade Cies	Administrator	0	43,694
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 87,235

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
CliftonLarsonAllen LLP	Accounting Fees	$ 5,458
Lutheran Senior Services	Management Fees	499,343
Polsinelli	Legal Fees	103
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 504,904

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 95,770
Unemployment Compensation Insurance	23,366
FICA Taxes	251,997
Employee Health Insurance	296,040
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Disability Insurance	10,056
Life Insurance	4,336
Savings and Revenue Sharing Contributions	56,934
Tuition Reimbursement	
DENTAL INSURANCE	18,501
TOTAL (agree to Schedule V, line 22, col.8)	$ 757,000

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 4,821
Advertising: Employee Recruitment	4,762
Health Care Worker Background Check	
(Indicate # of checks performed 279)	
Patient Background Checks	2,952
PUBLICATIONS	965
LSN	2,396
LEADING AGE	1,299
OTHER MISCELLANEOUS	780
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 17,975

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	4,648
Seminar Expense	15,283
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 19,931

**See instructions.

Facility Name & ID Number The Lutheran Home # 0019109 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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		$		$	$	$	$	$	$	$	$	$

Facility Name & ID Number The Lutheran Home # 0019109 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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 - $8,875; LSN Leading Age - $4,812**

(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? **NO**

(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? **7**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **28,222** Line **39**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **YES** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **NO**
If YES, give effective date of lease. **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. $ **178,257**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **NO** If YES, attach an explanation of the allocation.

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

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **NO** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **0** Has any meal income been offset against related costs? **YES** Indicate the amount. $ **3,068**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **NO**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **N/A** If YES, please indicate the amount of income earned from such a program during this reporting period. $ **N/A**
c. What percent of all travel expense relates to transportation of nurses and patients? **100**
d. Have vehicle usage logs been maintained? **N/A**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **N/A**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **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: **CLIFTONLARSONALLEN LLP**

(18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? **YES**

(19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. **YES**
Attach invoices and a summary of services for all architect and appraisal fees.