



Facility Name & ID Number CLARK MANOR CONV CENTER

# 0038596 Report Period Beginning: 01/01/01 Ending: 12/31/01

**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 none

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>273</u>	Skilled (SNF)	<u>273</u>	<u>99,645</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>273</u>	TOTALS	<u>273</u>	<u>99,645</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Public Aid Recipient	Private Pay	Other	Total	
8	SNF	<u>21,060</u>	<u>203</u>	<u>1,775</u>	<u>23,038</u>	8
9	SNF/PED					9
10	ICF	<u>67,734</u>	<u>1,164</u>	<u>31</u>	<u>68,929</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>88,794</u>	<u>1,367</u>	<u>1,806</u>	<u>91,967</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 92.29%

D. How many bed-hold days during this year were paid by Public Aid? 1794 (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  NO

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

I. On what date did you start providing long term care at this location?  
Date started 11/1/77

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

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified 33 and days of care provided 1775

Medicare Intermediary MUTUAL OF OMAHA

**IV. ACCOUNTING BASIS**

ACCRUAL  MODIFIED CASH\*  CASH\*

Is your fiscal year identical to your tax year? YES  NO

Tax Year: 12/31/01 Fiscal Year: 12/31/01

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

Facility Name & ID Number CLARK MANOR CONV CENTER # 0038596 Report Period Beginning: 01/01/01 Ending: 12/31/01

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	290,528	33,811	20,983	345,322		345,322	(12)	345,310		1
2	Food Purchase		459,061		459,061	(87,549)	371,512	(68)	371,444		2
3	Housekeeping	263,790	64,338		328,128		328,128		328,128		3
4	Laundry	104,062	21,768		125,830		125,830		125,830		4
5	Heat and Other Utilities			215,399	215,399		215,399	(15,950)	199,449		5
6	Maintenance	39,549	21,561	178,056	239,166		239,166	(62,385)	176,781		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	697,929	600,539	414,438	1,712,906	(87,549)	1,625,357	(78,415)	1,546,942		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			18,250	18,250		18,250		18,250		9
10	Nursing and Medical Records	2,868,439	159,861	44,538	3,072,838		3,072,838	(209)	3,072,629		10
10a	Therapy	75,812		13,056	88,868		88,868		88,868		10a
11	Activities	130,699	17,231		147,930		147,930		147,930		11
12	Social Services	170,567	5,384	4,016	179,967		179,967		179,967		12
13	Nurse Aide Training										13
14	Program Transportation			271	271		271		271		14
15	Other (specify):*			130	130		130		130		15
16	<b>TOTAL Health Care and Programs</b>	3,245,517	182,476	80,261	3,508,254		3,508,254	(209)	3,508,045		16
	<b>C. General Administration</b>										
17	Administrative	73,956		1,313,688	1,387,644		1,387,644	(517,488)	870,156		17
18	Directors Fees										18
19	Professional Services			170,190	170,190	(49,955)	120,235	(7,500)	112,735		19
20	Dues, Fees, Subscriptions & Promotions			47,153	47,153		47,153	(33,639)	13,514		20
21	Clerical & General Office Expenses	143,954	29,191	272,545	445,690		445,690	(246,294)	199,396		21
22	Employee Benefits & Payroll Taxes			817,780	817,780	87,549	905,329	(10,766)	894,563		22
23	Inservice Training & Education										23
24	Travel and Seminar			5,514	5,514		5,514		5,514		24
25	Other Admin. Staff Transportation			6,641	6,641		6,641	(4,661)	1,980		25
26	Insurance-Prop.Liab.Malpractice			118,737	118,737		118,737		118,737		26
27	Other (specify):*							21,338	21,338		27
28	<b>TOTAL General Administration</b>	217,910	29,191	2,752,248	2,999,349	37,594	3,036,943	(799,010)	2,237,933		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	4,161,356	812,206	3,246,947	8,220,509	(49,955)	8,170,554	(877,634)	7,292,920		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 &amp; ID Number

CLARK MANOR CONV CENTER

#0038596

Report Period Beginning:

01/01/01

Ending:

12/31/01

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			182,094	182,094		182,094	16,469	198,563			30
31	Amortization of Pre-Op. & Org.			6,519	6,519		6,519		6,519			31
32	Interest			409,481	409,481		409,481	(40,463)	369,018			32
33	Real Estate Taxes			369,317	369,317	49,955	419,272	(6,000)	413,272			33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			4,629	4,629		4,629		4,629			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			972,040	972,040	49,955	1,021,995	(29,994)	992,001			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		71,238	113,605	184,843		184,843		184,843			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			149,467	149,467		149,467		149,467			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>		71,238	263,072	334,310		334,310		334,310			44
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	4,161,356	883,444	4,482,059	9,526,859		9,526,859	(907,628)	8,619,231			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 **CLARK MANOR CONV CENTER**

# **0038596**

Report Period Beginning:

**01/01/01**

Ending:

**12/31/01**

**VI. ADJUSTMENT DETAIL**

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

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

		1	2	3	
	<b>NON-ALLOWABLE EXPENSES</b>	<b>Amount</b>	<b>Refer- ence</b>	<b>OHF USE ONLY</b>	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				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	16,469	30		9
10	Interest and Other Investment Income	(40,463)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(68)	02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment	(3,501)	21		19
20	Contributions	(2,370)	20		20
21	Owner or Key-Man Insurance	(10,766)	22		21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(233,598)	21		24
25	Fund Raising, Advertising and Promotional	(25,650)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(6,482)	21		26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(196,235)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (502,664)		\$	30

<b>OHF USE ONLY</b>					
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	2	
		<b>Amount</b>	<b>Reference</b>	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(404,964)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (404,964)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B)</b>	\$ (907,628)		37

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

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

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

NON-ALLOWABLE EXPENSES	Amount	Reference	Sch. V Line
1 THEFT LOSS	\$ (461)	21	1
2 APARTMENT UTILITIES	(13,875)	05	2
3 APARTMENT - FRED DAVIS	(2,400)	21	3
4 APARTMENT REAL ESTATE TAX	(6,000)	33	4
5 CAPITALIZED R&M	(59,511)	06	5
6 NON-ALLOWABLE MGMT FEES	(13,488)	17	6
7 APARTMENT RAM	(75)	05	7
8 NON-ALLOWABLE AUTO EXPENSE	(4,661)	25	8
9 COPE DUES - IL COUNCIL	(5,619)	20	9
10 NON-ALLOWABLE ALLOCATED SALARY	(72,000)	17	10
11 PAYROLL TAXES RELATED TO ABOVE	(5,496)	27	11
12 NON-ALLOWABLE APPRAISAL FEE	(7,500)	19	12
13 PRIOR PERIOD PREPAID MAINT	(2,874)	06	13
14 MISC INCOME	(58)	21	14
15 JURY DUTY (CNAs)	(112)	10	15
16 DIETARY REFUND	(12)	01	16
17 MEDICAL RECORDS REFUND	(97)	10	17
18			18
19			19
20			20
21			21
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23			23
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91			91

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number CLARK MANOR CONV CENTER

# 0038596

Report Period Beginning:

01/01/01

Ending:

12/31/01

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	(12)											(12)	1
2	Food Purchase	(68)											(68)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(15,950)											(15,950)	5
6	Maintenance	(62,385)											(62,385)	6
7	Other (specify):*													7
8	<b>TOTAL General Services</b>	<b>(78,415)</b>											<b>(78,415)</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director													9
10	Nursing and Medical Records	(209)											(209)	10
10a	Therapy													10a
11	Activities													11
12	Social Services													12
13	Nurse Aide Training													13
14	Program Transportation													14
15	Other (specify):*													15
16	<b>TOTAL Health Care and Programs</b>	<b>(209)</b>											<b>(209)</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	(85,488)		(72,000)	(180,000)	(180,000)							(517,488)	17
18	Directors Fees													18
19	Professional Services	(7,500)											(7,500)	19
20	Fees, Subscriptions & Promotions	(33,639)											(33,639)	20
21	Clerical & General Office Expenses	(246,496)		202									(246,294)	21
22	Employee Benefits & Payroll Taxes	(10,766)											(10,766)	22
23	Inservice Training & Education													23
24	Travel and Seminar													24
25	Other Admin. Staff Transportation	(4,661)											(4,661)	25
26	Insurance-Prop.Liab.Malpractice													26
27	Other (specify):*	(5,496)		26,834									21,338	27
28	<b>TOTAL General Administration</b>	<b>(394,046)</b>		<b>(44,964)</b>	<b>(180,000)</b>	<b>(180,000)</b>							<b>(799,010)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	<b>(472,670)</b>		<b>(44,964)</b>	<b>(180,000)</b>	<b>(180,000)</b>							<b>(877,634)</b>	<b>29</b>

STATE OF ILLINOIS

Summary B

Facility Name & ID Number CLARK MANOR CONV CENTER # 0038596 Report Period Beginning: 01/01/01 Ending: 12/31/01

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

	Capital Expense	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)	
	<b>D. Ownership</b>													
30	Depreciation	16,469											16,469	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(40,463)											(40,463)	32
33	Real Estate Taxes	(6,000)											(6,000)	33
34	Rent-Facility & Grounds													34
35	Rent-Equipment & Vehicles													35
36	Other (specify):*													36
37	<b>TOTAL Ownership</b>	<b>(29,994)</b>											<b>(29,994)</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers													39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*													43
44	<b>TOTAL Special Cost Centers</b>													<b>44</b>
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	<b>(502,664)</b>		<b>(44,964)</b>	<b>(180,000)</b>	<b>(180,000)</b>							<b>(907,628)</b>	<b>45</b>

**VII. RELATED PARTIES**

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
SEE ATTACHED		NONE		J.S. AFFILIATES	CHICAGO, IL	mgmt company
				Shaymark Mgmt	LINCOLNWOOD, IL	mgmt company
				JLR Mgmt	LINCOLNWOOD, IL	mgmt company

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

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

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

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	17 MANAGEMENT FEES	\$ 220,800	J.S. AFFILIATES		\$	\$ (220,800)
16	V	17 ADMINISTRATIVE FEES	331,200	J.S. AFFILIATES			(331,200)
17	V	17 ADMINISTRATIVE SALARY		J.S. AFFILIATES		480,000	480,000
18	V	27 PAYROLL TAXES		J.S. AFFILIATES		26,834	26,834
19	V	21 TELEPHONE		J.S. AFFILIATES		202	202
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	<b>Total</b>		\$ 552,000			\$ 507,036	\$ * (44,964)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	17 MANAGEMENT FEES	\$ 180,000	SHAYMARK		\$	\$ (180,000)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	<b>Total</b>		\$ 180,000			\$	\$ * (180,000)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	17 MANAGEMENT FEES	\$ 180,000	JLR MANAGEMENT		\$	\$ (180,000)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 180,000			\$	\$ * (180,000)

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

VII. RELATED PARTIES (continued)

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

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

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

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

VII. RELATED PARTIES (continued)

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

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

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

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

VII. RELATED PARTIES (continued)

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

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

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

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

**VII. RELATED PARTIES (continued)**

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

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

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

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

**VII. RELATED PARTIES (continued)**

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

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

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

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

**VII. RELATED PARTIES (continued)**

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

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

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

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

Facility Name &amp; ID Number

CLARK MANOR CONV CENTER

# 0038596

Report Period Beginning:

01/01/01

Ending:

12/31/01

## 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	JACK SCHNELL	Executive Director	Administrative	9.11%	None	40	100.00%	Alloc. Salary	\$ 120,000	17-07	1
2	JACK SCHNELL	Executive Director	Administrative	9.11%				Admin. Fees	120,000	17-03	2
3	DAVID SCHNELL	Manager	Administrative	1.72%	None	40	100.00%	Alloc. Salary	156,000	17-07	3
4	DAVID SCHNELL	Manager	Administrative	1.72%				Mgmt Fees	120,000	17-03	4
5	MORRIS SCHABES	Manager	Administrative	1.10%	None	40	100.00%	Alloc. Salary	132,000	17-07	5
6	MORRIS SCHABES	Manager	Administrative	1.10%				Mgmt Fees	120,000	17-03	6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 768,000		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 CLARK MANOR CONV CENTER

# 0038596

Report Period Beginning:

01/01/01

Ending: 12/31/01

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

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

Facility Name & ID Number CLARK MANOR CONV CENTER

# 0038596

Report Period Beginning:

01/01/01

Ending: 12/31/01

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

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

Facility Name & ID Number CLARK MANOR CONV CENTER

# 0038596

Report Period Beginning: 01/01/01

Ending: 12/31/01

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

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

Facility Name & ID Number CLARK MANOR CONV CENTER

# 0038596

Report Period Beginning:

01/01/01

Ending: 12/31/01

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

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

Facility Name & ID Number CLARK MANOR CONV CENTER

# 0038596

Report Period Beginning:

01/01/01

Ending: 12/31/01

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

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

Facility Name & ID Number CLARK MANOR CONV CENTER

# 0038596

Report Period Beginning:

01/01/01

Ending: 12/31/01

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

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

Facility Name & ID Number CLARK MANOR CONV CENTER

# 0038596

Report Period Beginning:

01/01/01

Ending: 12/31/01

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

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

Facility Name & ID Number CLARK MANOR CONV CENTER

# 0038596

Report Period Beginning:

01/01/01

Ending: 12/31/01

**VIII. ALLOCATION OF INDIRECT COSTS**

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

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

Name of Related Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

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

Facility Name & ID Number CLARK MANOR CONV CENTER

# 0038596

Report Period Beginning:

01/01/01

Ending: 12/31/01

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

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

Facility Name & ID Number CLARK MANOR CONV CENTER

# 0038596

Report Period Beginning:

01/01/01

Ending: 12/31/01

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

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

Facility Name &amp; ID Number

CLARK MANOR CONV CENTER

# 0038596

Report Period Beginning:

01/01/01

Ending:

12/31/01

## 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			
<b>A. Directly Facility Related</b>																				
<b>Long-Term</b>																				
1	Mid-North Financing Serv		X	Mortgage	\$49,082	12/18/89	\$ 5,000,000	\$ 3,227,931	12/18/09	10.00%	\$ 342,424	1								
2	Bank & Trust of Evanston		X	Auto Loan	\$944	11/10/98	38,590	9,823	10/10/02	7.95%	1,222	2								
3												3								
4												4								
5												5								
<b>Working Capital</b>																				
6	Shareholder's Loan	X		Working Capital			1,092,000	1,081,395			65,835	6								
7	1st National Bank		X	Line of Credit				104,544	11/07/02	4.75%	0	7								
8												8								
9	TOTAL Facility Related				\$50,026		\$ 6,130,590	\$ 4,423,693			\$ 409,481	9								
<b>B. Non-Facility Related*</b>																				
10	See Supplemental Schedule										(40,463)	10								
11												11								
12												12								
13												13								
14	TOTAL Non-Facility Related						\$	\$			\$ (40,463)	14								
15	TOTALS (line 9+line14)						\$ 6,130,590	\$ 4,423,693			\$ 369,018	15								

\* 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

CLARK MANOR CONV CENTER

# 0038596

Report Period Beginning:

01/01/01

Ending:

12/31/01

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE**

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

1	Name of Lender	2 Related**		3 Purpose of Loan	4 Monthly Payment Required	5 Date of Note	6 Amount of Note		8 Maturity Date	9 Interest Rate (4 Digits)	10 Reporting Period Interest Expense	
		YES	NO				Original	Balance				
		1	Interest Income					X				
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						\$	\$			\$ (40,463)	21	

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

**B. Real Estate Taxes**

**Important**, please see the next worksheet, "RE\_Tax". The real estate tax statement and bill must accompany the cost report.

1. Real Estate Tax accrual used on 2000 report.	\$	<b>334,000</b>	<b>1</b>
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.)	\$	<b>343,317</b>	<b>2</b>
3. Under or (over) accrual (line 2 minus line 1).	\$	<b>9,317</b>	<b>3</b>
4. Real Estate Tax accrual used for 2001 report. (Detail and explain your calculation of this accrual on the lines below.)	\$	<b>360,000</b>	<b>4</b>
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. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>	\$	<b>49,955</b>	<b>5</b>
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. <b>TOTAL REFUND \$ <u>94,756</u> For <u>19 94-96</u> Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>	\$		<b>6</b>
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	\$	<b>419,272</b>	<b>7</b>

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	1996	<b>334,128</b>	<b>8</b>
	1997	<b>332,279</b>	<b>9</b>
	1998	<b>329,048</b>	<b>10</b>
	1999	<b>326,840</b>	<b>11</b>
	2000	<b>343,317</b>	<b>12</b>

<b>FOR OHF USE ONLY</b>			
13	FROM R. E. TAX STATEMENT FOR 2000	\$	13
14	PLUS APPEAL COST FROM LINE 5	\$	14
15	LESS REFUND FROM LINE 6	\$	15
16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

**2000 tax includes apartment building real estate tax: \$6,000; adjusted out on page 5**  
**accrual = 2000 tax X 1.05; 343,317.48 X 1.05 = 360,000 (rounded)**  
**Refund not adjusted out since it applies to a year that was not used to set rates**

**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.**

**IMPORTANT NOTICE**

**TO:** Long Term Care Facilities with Real Estate Tax Rates **RE:** 2000 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

**Please send these items in with your completed 2001 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed.** If you have any questions, please call the Office of Health Finance at (217) 782-1630.

**2000 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME CLARK MANOR CONV CENTER COUNTY COOK

FACILITY IDPH LICENSE NUMBER 0038596

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

TELEPHONE (847) 236-1111 FAX #: (847) 236-1155

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

Enter the tax index number and real estate tax assessed for 2000 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 2000.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>11-30-411-020-0000</u>	<u>Long Term Care Property</u>	\$ <u>1,152.62</u>	\$ <u>0</u>
2. <u>11-30-411-021-0000</u>	<u>Long Term Care Property</u>	\$ <u>4,491.56</u>	\$ <u>0</u>
3. <u>11-30-411-005-0000</u>	<u>Long Term Care Property</u>	\$ <u>112,191.82</u>	\$ <u>112,191.82</u>
4. <u>11-30-411-006-0000</u>	<u>Long Term Care Property</u>	\$ <u>112,191.82</u>	\$ <u>112,191.82</u>
5. <u>11-30-411-007-0000</u>	<u>Long Term Care Property</u>	\$ <u>96,812.08</u>	\$ <u>96,812.08</u>
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u>326,839.90</u>	\$ <u>321,195.72</u>

**B. Real Estate Tax Cost Allocations**

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

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

**C. Tax Bills**

Attach a copy of the 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2001.

Facility Name & ID Number CLARK MANOR CONV CENTER

# 0038596

Report Period Beginning:

01/01/01

Ending:

12/31/01

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 49,255 B. General Construction Type: Exterior Frame Number of Stories 5

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

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

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

Apartment building: all expenses have been adjusted out on page 5  
All costs are in the non care assets section of page 13.

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

1. Total Amount Incurred: 130,336 2. Number of Years Over Which it is Being Amortized: 20  
 3. Current Period Amortization: 6,519 4. Dates Incurred: 1990

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

**XI. OWNERSHIP COSTS:**

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>FACILITY</u>		<u>1977</u>	<u>\$ 220,000</u>	<u>1</u>
2					<u>2</u>
3	<b>TOTALS</b>			<b>\$ 220,000</b>	<b>3</b>

Facility Name & ID Number **CLARK MANOR CONV CENTER**

# **0038596**

Report Period Beginning:

01/01/01

Ending:

12/31/01

**XI. OWNERSHIP COSTS (continued)**

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

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4				1977	\$ 3,129,625	\$ 104,321	35	\$ 104,321	\$	\$ 1,895,163	4
5											5
6											6
7											7
8											8
	<b>Improvement Type**</b>										
9	Various			1977	50,000		20	-		33,889	9
10	Various			1984	35,709		20	1,785	1,785	22,612	10
11	Various			1985	25,843		20	1,292	1,292	12,920	11
12	Various			1986	40,628		20	2,031	(2,031)	19,234	12
13	Various			1987	11,439		20	572	572	4,576	13
14	Various			1988	14,754		20	738	738	5,904	14
15	Various			1989	16,022		20	801	801	6,408	15
16	Various			1990	18,810		20	940	940	7,520	16
17	Various			1991	2,950		20	147	147	1,176	17
18	Various			1992	70,740		20	3,538	3,538	28,304	18
19	Various			1993	15,908		20	795	795	6,360	19
20	Various			1994	41,939		20	2,095	2,095	15,343	20
21	Various			1995	60,407		20	3,020	3,020	19,744	21
22	Various			1996	91,646		20	4,583	4,583	25,190	22
23	Various			1997	163,698		20	8,188	8,188	37,259	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

\*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 &amp; ID Number CLARK MANOR CONV CENTER

# 0038596

Report Period Beginning:

01/01/01

Ending:

12/31/01

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 3,790,118	\$ 116,218		\$ 134,846	\$ 18,628	\$ 2,141,602	1
2	CALL LIGHTS	1998	519		20	26	26	102	2
3	DESCALING ACID	1998	2,140		20	107	107	410	3
4	BOILER MAIN GUAGE	1998	784		20	39	39	150	4
5	A/C ELIMINATOR UNIT	1998	1,460		20	73	73	274	5
6	WATER PUMP	1998	665		20	33	33	129	6
7	FIRE DETECTOR	1998	520		20	26	26	102	7
8	KU SYSTEM	1998	625		20	31	31	124	8
9	SPEED REDUCER	1998	640		20	32	32	117	9
10	PREWASH MOTOR	1998	555		20	28	28	100	10
11	2 RELAY CONTROLS	1998	2,257		20	113	113	405	11
12	BEARING ASSY & PUMP	1998	690		20	35	35	123	12
13	THERMOSTAT CONTROLS	1998	1,634		20	82	82	280	13
14	BOILER GAS VALVE	1998	1,377		20	69	69	224	14
15	REMOTE TEMP CONTROL	1998	515		20	26	26	85	15
16	WASHER MOTOR	1998	662		20	33	33	105	16
17	REMOTE TEMP CONTROL	1998	513		20	26	26	80	17
18	BEARING ASSY	1998	1,080		20	54	54	167	18
19	BLOWER MOTORS	1998	912		20	46	46	146	19
20	LOBBY WALLPAPER & CARPETING	1998	10,000		20	500	500	1,917	20
21	AIR CONDITIONING	1998	58,500		20	2,925	2,925	10,969	21
22	LOBBY IMPROVEMENTS	1998	5,000		20	250	250	917	22
23	CARPETING	1998	1,500		20	75	75	269	23
24	CARPETING	1998	2,050		20	103	103	361	24
25	IRONWORK	1998	2,975		20	149	149	522	25
26	SECURITY SYSTEM	1998	6,250		20	313	313	1,096	26
27	LOBBY PAINTING	1998	3,473		20	174	174	1,372	27
28	IRONWORK	1998	2,975		20	149	149	509	28
29	SECURITY SYSTEM	1998	8,200		20	410	410	1,367	29
30	FIRE DAMPERS	1998	8,472		20	424	424	1,317	30
31	SECURITY SYSTEM	1998	6,284		20	314	314	1,016	31
32	COMPRESSOR	1999	1,015		20	51	51	153	32
33	REPAIR ROOF	1999	1,875		20	94	94	282	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 3,926,235	\$ 116,218		\$ 141,656	\$ 25,438	\$ 2,166,792	34

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

Facility Name &amp; ID Number CLARK MANOR CONV CENTER

# 0038596

Report Period Beginning:

01/01/01

Ending:

12/31/01

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12B, Carried Forward</b>		\$ 3,926,235	\$ 116,218		\$ 141,656	\$ 25,438	\$ 2,166,792	1
2	BEARING ASSEMBLY	1999	771		20	39	39	114	2
3	FAN COIL & INGNITER	1999	865		20	43	43	125	3
4	WINDOWS	1999	669		20	33	33	94	4
5	2 MOTORS & U BELTS	1999	854		20	43	43	118	5
6	SHEET METAL CONNECTO	1999	665		20	33	33	91	6
7	BEARING ASSEMBLY	1999	925		20	46	46	123	7
8	VALVE & ASSEMBLY	1999	2,402		20	120	120	310	8
9	2 MOTORS & SWITCHES	1999	537		20	27	27	65	9
10	PATIO DECK	1999	2,669		20	133	133	310	10
11	INSTALL DOOR MGNETS	1999	1,129		20	56	56	140	11
12	PIPE & SHEET METAL	1999	2,660		20	133	133	299	12
13	BEARING ASSEMBLY	1999	1,335		20	67	67	151	13
14	3 VALVES	1999	2,715		20	136	136	295	14
15	PUMP MOTOR	1999	750		20	38	38	82	15
16	PUMP BEARING ASSEM.	1999	810		20	41	41	89	16
17	MOTOR & BEARING ASSY	1999	765		20	38	38	79	17
18	HOT GAS DEFROST VALV	1999	785		20	39	39	81	18
19	2 DUAL DRIVE MOTOR	1999	1,188		20	59	59	123	19
20	PUMP	1999	8,245		20	412	412	1,202	20
21	BOOSTER HEATER	1999	2,393		20	120	120	120	21
22	GLOBAL RECONDITIONED	1999	979		20	49	49	49	22
23	SMOKE DET. CAMERA	1999	1,150		20	58	58	58	23
24	SMOKE DET. CAMERA	1999	350		20	18	18	18	24
25	TRANSFORMER	1999	1,350		20	68	68	68	25
26	COMPRESSOR	1999	9,132		20	457	457	457	26
27	SHEET METAL WORK	1999	5,533		20	277	277	785	27
28	ROOF MAINTENANCE	1999	2,450		20	123	123	287	28
29	SMOKE ALARM SYSTEM	1999	5,251		20	263	263	658	29
30	AIR-CONDITIONING	1999	12,989		20	649	649	1,568	30
31	PUMP	2000	1,846		20	92	92	184	31
32	WALK-IN-COOLER	2000	7,000		20	350	350	642	32
33	INTERCOM	2000	1,142		20	57	57	90	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 4,008,539	\$ 116,218		\$ 145,773	\$ 29,555	\$ 2,175,667	34

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

Facility Name &amp; ID Number CLARK MANOR CONV CENTER

# 0038596

Report Period Beginning:

01/01/01

Ending:

12/31/01

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12C, Carried Forward</b>		\$ 4,008,539	\$ 116,218		\$ 145,773	\$ 29,555	\$ 2,175,667	1
2	STARTER & HEATER	2000	524		20	26	26	26	2
3	SECURITY DOOR PARTS	2000	1,855		20	93	93	93	3
4	KITCHEN FAN MOTOR	2000	3,358		20	168	168	168	4
5	MOTORFAN PULLEYS	2000	872		20	44	44	44	5
6	MOTOR & FAN	2000	640		20	32	32	32	6
7	VALVES	2000	2,745		20	137	137	137	7
8	TEMPERATURE CONTROLL	2000	935		20	47	47	47	8
9	FAN COIL MOTORS	2000	828		20	41	41	41	9
10	MOTORS & MOUNTS	2000	1,264		20	63	63	63	10
11	ROOM FAN COIL PARTS	2000	885		20	44	44	44	11
12	GAS GENERATOR & FANS	2000	640		20	32	32	32	12
13	WATER HEATER VALVE	2000	1,400		20	70	70	70	13
14	MOTOR	2000	1,074		20	54	54	54	14
15	THERMOSTAT	2000	541		20	27	27	27	15
16	HEATER VALVE	2000	1,865		20	93	93	93	16
17	BEARING ASSEMBLY	2000	1,709		20	85	85	85	17
18	3 FLANGED LUBE LOCKS	2000	3,785		20	189	189	189	18
19	MOTOR & REVERSES	2000	770		20	39	39	39	19
20	SEWAGE PUMP	2001	7,447		20	217	217	217	20
21	HEATING REPAIR	2001	1,025		20	51	51	51	21
22	BOILER REPAIR	2001	2,166		20	108	108	108	22
23	AIR CONDITIONER REPR	2001	3,540		20	133	133	133	23
24	HEATING REPAIR	2001	1,730		20	65	65	65	24
25	WINDOW SHADES	2001	1,439		20	48	48	48	25
26	HEATING REPAIR	2001	1,775		20	59	59	59	26
27	INSULATION	2001	3,960		20	132	132	132	27
28	AIR HANDLER REPAIR	2001	1,890		20	63	63	63	28
29	RAILS & PLATES	2001	2,250		20	75	75	75	29
30	FAN REPAIR	2001	2,596		20	76	76	76	30
31	LOCKS	2001	1,833		20	46	46	46	31
32	KITCHEN SINK REPAIR	2001	1,625		20	34	34	34	32
33	REBUILT PUMP	2001	910		20	15	15	15	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 4,068,415	\$ 116,218		\$ 148,179	\$ 31,961	\$ 2,178,073	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 4,068,415	\$ 116,218		\$ 148,179	\$ 31,961	\$ 2,178,073	1
2	CONVERTER PUMP	2001	725		20	12	12	12	2
3	AIR HANDLER REP	2001	2,335		20	29	29	29	3
4	KITCHEN ELECTRICAL	2001	2,008		20	25	25	25	4
5	BOILER REPAIR	2001	2,236		20	28	28	28	5
6	PUMP REPAIR	2001	995		20	13	13	13	6
7	FIRE ALARM REPAIR	2001	1,860		20	8	8	8	7
8	LOCK	2001	917		20	8	8	8	8
9	HEATING REPAIR	2001	2,595		20	11	11	11	9
10	AIR HANDLER REPAIR	2001	1,510		20	6	6	6	10
11	B&G PUMP	2001	720		20	3	3	3	11
12	TANK REPAIR	2001	1,761		20	7	7	7	12
13	AIR COND REPAIR	2001	2,236		20	65	65	65	13
14	THERMOSTATS	2001	1,206		20	35	35	35	14
15	TEMP SWITCHES	2001	1,350		20	34	34	34	15
16	FAN THERMOSTATS	2001	2,580		20	22	22	22	16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 4,093,449	\$ 116,218		\$ 148,485	\$ 32,267	\$ 2,178,379	34

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

Facility Name & ID Number **CLARK MANOR CONV CENTER**

# **0038596**

Report Period Beginning:

**01/01/01**

Ending:

**12/31/01**

**XI. OWNERSHIP COSTS (continued)**

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12E, Carried Forward</b>		\$ <b>4,093,449</b>	\$ <b>116,218</b>		\$ <b>148,485</b>	\$ <b>32,267</b>	\$ <b>2,178,379</b>	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
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32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ <b>4,093,449</b>	\$ <b>116,218</b>		\$ <b>148,485</b>	\$ <b>32,267</b>	\$ <b>2,178,379</b>	34

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

**XI. OWNERSHIP COSTS (continued)**

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12F, Carried Forward</b>		\$ <b>4,093,449</b>	\$ <b>116,218</b>		\$ <b>148,485</b>	\$ <b>32,267</b>	\$ <b>2,178,379</b>	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ <b>4,093,449</b>	\$ <b>116,218</b>		\$ <b>148,485</b>	\$ <b>32,267</b>	\$ <b>2,178,379</b>	34

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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
1		\$ 4,093,449	\$ 116,218		\$ 148,485	\$ 32,267	\$ 2,178,379
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34	TOTAL (lines 1 thru 33)	\$ 4,093,449	\$ 116,218		\$ 148,485	\$ 32,267	\$ 2,178,379

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

Facility Name & ID Number **CLARK MANOR CONV CENTER**

# **0038596**

Report Period Beginning:

01/01/01

Ending:

12/31/01

**XI. OWNERSHIP COSTS (continued)**

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12H, Carried Forward</b>		\$ 4,093,449	\$ 116,218		\$ 148,485	\$ 32,267	\$ 2,178,379	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 4,093,449	\$ 116,218		\$ 148,485	\$ 32,267	\$ 2,178,379	34

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

**XI. OWNERSHIP COSTS (continued)**

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

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
	<b>Improvement Type**</b>										
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

\*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-REP, Line 70 for total**

Facility Name & ID Number CLARK MANOR CONV CENTER

# 0038596

Report Period Beginning:

01/01/01

Ending:

12/31/01

**XI. OWNERSHIP COSTS (continued)**

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67								67
68								68
69								69
70	TOTAL (lines 4 thru 69)		\$	\$	\$	\$	\$	70

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 584,673	\$ 58,688	\$ 46,782	\$ (11,906)	10	\$ 326,944	71
72	Current Year Purchases	28,180	5,413	1,521	(3,892)	10	1,521	72
73	Fully Depreciated Assets	318,820				10	318,820	73
74								74
75	TOTALS	\$ 931,673	\$ 64,101	\$ 48,303	\$ (15,798)		\$ 647,285	75

D. Vehicle Depreciation (See instructions.)\*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Facility Business	1998 CADILLAC	1998	\$ 45,590	\$ 1,775	\$ 1,775	\$	5	\$ 12,005	76
77										77
78										78
79										79
80	TOTALS			\$ 45,590	\$ 1,775	\$ 1,775	\$		\$ 12,005	80

E. Summary of Care-Related Assets

	1	2	
	Reference	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)	\$ 5,290,712 81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 182,094 82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 198,563 83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 16,469 84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 2,837,669 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	APARTMENT BUILDING - 1977	\$ 30,000	\$ 0	\$ 30,000	86
87	APARTMENT LAND - 1900	30,000	0	0	87
88					88
89					89
90					90
91	TOTALS	\$ 60,000	\$	\$ 30,000	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.

**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 Date of Lease	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	<b>TOTAL</b>				\$			7

\*\*

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized  
by the length of the lease \_\_\_\_\_.

9. Option to Buy:  YES  NO Terms: \_\_\_\_\_ \*

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

15. Is Movable equipment rental included in building rental?

YES  NO

16. Rental Amount for movable equipment: \$ 4,629 Description: Copier: 2,839; fax machine: 1,209; postage meter: 581

(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	<b>TOTAL</b>		\$	\$	21

10. Effective dates of current rental agreement:

Beginning \_\_\_\_\_  
Ending \_\_\_\_\_

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

	Fiscal Year Ending	Annual Rent
12.	<u>/2002</u>	\$ _____
13.	<u>/2003</u>	\$ _____
14.	<u>/2004</u>	\$ _____

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

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

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

<p>1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER AIDE _____</p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER AIDE _____</p>
---	--	---

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

		Facility		Contract	Total
		1 Drop-outs	2 Completed		
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	Nurse Aide 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 aides from other facilities.

\$

**D. NUMBER OF AIDES TRAINED**

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

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the aide 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 aides.

- (e) The total amount of Drop-out and Completed Costs for your own aides 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 aides.

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

	Service	1 Schedule V Line & Column Reference	2		3		4		5	6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
			Staff		Outside Practitioner (other than consultant)								
			Units of Service	Cost	Units	Cost							
1	Licensed Occupational Therapist	39 - 03	hrs	\$				\$ 1,723	\$		\$ 1,723	1	
2	Licensed Speech and Language Development Therapist	39 - 03	hrs					10,816			10,816	2	
3	Licensed Recreational Therapist		hrs									3	
4	Licensed Physical Therapist	39 - 03	hrs					101,066			101,066	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 prescripts						65,797		65,797	9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs									10	
11	Academic Education		hrs									11	
12	Exceptional Care Program											12	
13	Other (specify):								5,441		5,441	13	
14	TOTAL			\$				\$ 113,605	\$ 71,238		\$ 184,843	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 nurse aides, who help with the above activities should not be listed on this schedule.

Facility Name &amp; ID Number CLARK MANOR CONV CENTER

# 0038596

Report Period Beginning: 01/01/01

Ending:

12/31/01

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/01

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 172,946	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	2,589,077		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	667		6
7	Other Prepaid Expenses	39,092		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <a href="#">See supplemental schedule</a>	174,792		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 2,976,574	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	220,000		13
14	Buildings, at Historical Cost	3,129,625		14
15	Leasehold Improvements, at Historical Cost	480,909		15
16	Equipment, at Historical Cost	1,311,293		16
17	Accumulated Depreciation (book methods)	(3,903,274)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	130,366		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(26,076)		20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):	60,000		22
23	Other(specify): <a href="#">See supplemental schedule</a>			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 1,402,843	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 4,379,417	\$	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 414,301	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	52,145		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	95,888		30
31	Accrued Taxes Payable (excluding real estate taxes)	5,420		31
32	Accrued Real Estate Taxes(Sch.IX-B)	360,000		32
33	Accrued Interest Payable	27,573		33
34	Deferred Compensation			34
35	Federal and State Income Taxes	18,891		35
	<b>Other Current Liabilities(specify):</b>			
36	<a href="#">See supplemental schedule</a>	124,810		36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 1,099,028	\$	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable	1,195,618		39
40	Mortgage Payable	3,228,075		40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43	<a href="#">See supplemental schedule</a>			43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 4,423,693	\$	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 5,522,721	\$	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ (1,143,304)	\$	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 4,379,417	\$	48

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1</b>	
		<b>Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>(1,245,540)</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>			<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>(1,245,540)</b>	<b>6</b>
<b>A. Additions (deductions):</b>			
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>430,076</b>	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	<b>(327,840)</b>	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>102,236</b>	<b>17</b>
<b>B. Transfers (Itemize):</b>			
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>(1,143,304)</b>	<b>24</b> *

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

Facility Name &amp; ID Number CLARK MANOR CONV CENTER

# 0038596

Report Period Beginning: 01/01/01

Ending:

12/31/01

**XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.**

**Note: This schedule should show gross revenue and expenses. Do not net revenue against expense**

		1	
Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 9,238,307	1
2	Discounts and Allowances for all Levels	153,627	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 9,391,934	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	251,938	6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 251,938	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	48,346	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	32,704	19
20	Radiology and X-Ray	835	20
21	Other Medical Services	51,365	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 133,250	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	40,463	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 40,463	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>See supplemental schedule</u>	139,350	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 139,350	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 9,956,935	30

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,712,906	31
32	Health Care	3,508,254	32
33	General Administration	2,999,349	33
<b>B. Capital Expense</b>			
34	Ownership	972,040	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	184,843	35
36	Provider Participation Fee	149,467	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 9,526,859	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	430,076	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 430,076	43

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

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? Cash Basis 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 CLARK MANOR CONV CENTER

# 0038596

Report Period Beginning:

01/01/01

Ending:

12/31/01

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	2,080	2,080	\$ 75,210	\$ 36.16	1
2	Assistant Director of Nursing	2,246	2,490	70,813	28.44	2
3	Registered Nurses	45,252	49,333	1,102,040	22.34	3
4	Licensed Practical Nurses	3,011	14,545	250,385	17.21	4
5	Nurse Aides & Orderlies	143,077	164,877	1,326,875	8.05	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	6,656	7,531	75,812	10.07	8
9	Activity Director					9
10	Activity Assistants	15,715	17,217	130,699	7.59	10
11	Social Service Workers	13,079	14,039	170,567	12.15	11
12	Dietician					12
13	Food Service Supervisor	2,078	2,200	34,240	15.56	13
14	Head Cook	6,110	6,784	61,210	9.02	14
15	Cook Helpers/Assistants	22,933	25,054	195,078	7.79	15
16	Dishwashers					16
17	Maintenance Workers	3,120	3,200	39,549	12.36	17
18	Housekeepers	29,127	32,504	263,790	8.12	18
19	Laundry	3,268	13,027	104,062	7.99	19
20	Administrator	2,080	2,145	73,956	34.48	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	8,684	9,046	143,954	15.91	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	3,672	3,952	43,116	10.91	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	312,188	370,024	\$ 4,161,356 *	\$ 11.25	34

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	446	\$ 16,965	01-03	35
36	Medical Director	monthly	18,250	09-03	36
37	Medical Records Consultant	monthly	4,032	10-03	37
38	Nurse Consultant	234	5,794	10-03	38
39	Pharmacist Consultant	monthly	4,650	10-03	39
40	Physical Therapy Consultant	260	10,404	10a-03	40
41	Occupational Therapy Consultant	48	1,932	10a-03	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant	115	4,016	12-03	45
46	Other(specify)				46
47	Kosher Supervision		4,018	01-03	47
48	Language Rehab Program	18	720	10a-03	48
49	TOTAL (lines 35 - 48)	1,121	\$ 70,781		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses		\$		50
51	Licensed Practical Nurses	416	5,329	10-03	51
52	Nurse Aides	2,564	24,733	10-03	52
53	TOTAL (lines 50 - 52)	2,980	\$ 30,062		53

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

\*\* See instructions.



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

(See instructions.)

	1 Improvement Type	2 Month & Year Improvement Was Made	3 Total Cost	4 Useful Life	5-13 Amount of Expense Amortized Per Year								
					6 FY1998	7 FY1999	8 FY2000	9 FY2001	10 FY2002	11 FY2003	12 FY2004	13 FY2005	14 FY2006
1	Painting & Decorating	2-95	\$ 2,100	3	\$ 59	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$ 2,100		\$ 59	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name &amp; ID Number CLARK MANOR CONV CENTER

# 0038596

Report Period Beginning:

01/01/01

Ending:

12/31/01

**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? yes
- (2) Are there any dues to nursing home associations included on the cost report? yes  
If YES, give association name and amount. IL Council LTC: 12,449
- (3) Did the nursing home make political contributions or payments to a political action organization? yes If YES, have these costs been properly adjusted out of the cost report? yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? no If YES, what is the capacity? \_\_\_\_\_
- (5) Have you properly capitalized all major repairs and equipment purchases? yes  
What was the average life used for new equipment added during this period? 10 years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 5,363 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? no  
If YES, give effective date of lease. \_\_\_\_\_
- (9) Are you presently operating under a sublease agreement? \_\_\_\_\_ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES \_\_\_\_\_ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.  
\_\_\_\_\_
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. \$ 149,467  
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 of Public Aid, 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. \$ 87,549 Has any meal income been offset against related costs? no Indicate the amount. \$ \_\_\_\_\_
- (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. \$ \_\_\_\_\_  
c. What percent of all travel expense relates to transportation of nurses and patients? 100% In 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? no  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? no  
**g. Does the facility transport residents to and from day training? no**  
**Indicate the amount of income earned from providing such transportation during this reporting period.** \$ \_\_\_\_\_
- (17) Has an audit been performed by an independent certified public accounting firm? no  
Firm Name: \_\_\_\_\_ The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? \_\_\_\_\_ If no, please explain. \_\_\_\_\_
- (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 \$2500, have legal invoices and a summary of services performed been attached to this cost report? yes  
Attach invoices and a summary of services for all architect and appraisal fees