

		FOR BHF USE					

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2006
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2006)

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

I. IDPH Facility ID Number: 0021832

Facility Name: Arthur Merkle Clara Knipprath Nursing Home

Address: 1190 E 2900 North Road Clifton 60927
 Number City Zip Code

County: Iroquois

Telephone Number: (815)694-2306 **Fax #** (815)694-2818

HFS ID Number: 362841358001

Date of Initial License for Current Owners: 10/1/1975

Type of Ownership:

<input checked="" type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL
<input checked="" type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State
<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County
IRS Exemption Code <u>501(c)(3)</u>	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____
	<input type="checkbox"/> "Sub-S" Corp.	
	<input type="checkbox"/> Limited Liability Co.	
	<input type="checkbox"/> Trust	
	<input type="checkbox"/> Other _____	

In the event there are further questions about this report, please contact:
Name: Brother Damien **Telephone Number:** (815)694-2306

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2006 to 12/31/2006 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) <u>Brother Damien, OSF</u>	
	(Title) <u>Executive Director</u>	
Paid Preparer	(Signed) _____	(Date) _____
	(Print Name and Title) <u>Michael Stroud</u> <u>Shareholder</u>	
	(Firm Name & Address) <u>Smith, Koelling, Dykstra & Ohm, PC</u> <u>1605 N Convent, Bourbonnais, IL 60914</u>	
	(Telephone) <u>(815)937-1997</u> Fax # <u>(815)935-0360</u>	

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 Arthur Merkle Clara Knipprath Nursing Home# 0021832 Report Period Beginning: 1/1/2006 Ending: 12/31/2006

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>99</u>	Skilled (SNF)	<u>99</u>	<u>36,135</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>99</u>	TOTALS	<u>99</u>	<u>36,135</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>0</u>	<u>350</u>	<u>1,097</u>	<u>1,447</u>	8
9	SNF/PED					9
10	ICF	<u>8,910</u>	<u>9,222</u>		<u>18,132</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>8,910</u>	<u>9,572</u>	<u>1,097</u>	<u>19,579</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 54.18%

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)

NoneF. 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 10/06/1975

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 99 and days of care provided 1,097Medicare Intermediary Administar Federal

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH* Is your fiscal year identical to your tax year? YES NO Tax Year: 12/31/2006 Fiscal Year: 12/31/2006

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

Facility Name & ID Number Arthur Merkle Clara Knipprath Nursing Hor # 0021832 Report Period Beginning: 1/1/2006 Ending: 12/31/2006

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	
	A. General Services											
1	Dietary	254,032	16,672	11,379	282,083		282,083		282,083			1
2	Food Purchase		114,491		114,491	(21,291)	93,200	(7,423)	85,777			2
3	Housekeeping	60,672	7,841	287	68,800		68,800	(12,648)	56,152			3
4	Laundry	29,511	4,210	4,437	38,158		38,158		38,158			4
5	Heat and Other Utilities			132,793	132,793	(2,949)	129,844	(33,888)	95,956			5
6	Maintenance	57,849	1,765	16,257	75,871	(178)	75,693	(19,811)	55,882			6
7	Other (specify):* ILU Expense			1,645	1,645		1,645	(1,645)				7
8	TOTAL General Services	402,064	144,979	166,798	713,841	(24,418)	689,423	(75,415)	614,008			8
	B. Health Care and Programs											
9	Medical Director			5,400	5,400		5,400		5,400			9
10	Nursing and Medical Records	923,417	73,264	5,657	1,002,338		1,002,338	(13,500)	988,838			10
10a	Therapy	16,514		4,168	20,682		20,682		20,682			10a
11	Activities	49,204	7,403	9,486	66,093		66,093	(2,432)	63,661			11
12	Social Services	18,330			18,330		18,330		18,330			12
13	CNA Training											13
14	Program Transportation			615	615		615		615			14
15	Other (specify):* Cost of Sundries			4,236	4,236		4,236	(4,236)				15
16	TOTAL Health Care and Programs	1,007,465	80,667	29,562	1,117,694		1,117,694	(20,168)	1,097,526			16
	C. General Administration											
17	Administrative	75,000			75,000	6,877	81,877	(21,877)	60,000			17
18	Directors Fees											18
19	Professional Services			23,567	23,567		23,567		23,567			19
20	Dues, Fees, Subscriptions & Promotions			6,266	6,266		6,266		6,266			20
21	Clerical & General Office Expenses	103,769	4,065	7,175	115,009		115,009		115,009			21
22	Employee Benefits & Payroll Taxes			368,751	368,751	21,291	390,042	(4,902)	385,140			22
23	Inservice Training & Education			708	708		708		708			23
24	Travel and Seminar			87	87		87		87			24
25	Other Admin. Staff Transportation			1,533	1,533		1,533		1,533			25
26	Insurance-Prop.Liab.Malpractice			44,204	44,204	(233)	43,971	(2,451)	41,520			26
27	Other (specify):*			15,000	15,000		15,000		15,000			27
28	TOTAL General Administration	178,769	4,065	467,291	650,125	27,935	678,060	(29,230)	648,830			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	1,588,298	229,711	663,651	2,481,660	3,517	2,485,177	(124,813)	2,360,364			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 Arthur Merkle Clara Knipprath Nursing Home #0021832 Report Period Beginning: 1/1/2006 Ending: 12/31/2006

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	
	D. Ownership											
30	Depreciation			221,108	221,108	(3,517)	217,591	(87,594)	129,997			30
31	Amortization of Pre-Op. & Org.											31
32	Interest											32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	TOTAL Ownership			221,108	221,108	(3,517)	217,591	(87,594)	129,997			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers			111,788	111,788		111,788		111,788			39
40	Barber and Beauty Shops		296	12,266	12,562		12,562	(12,562)				40
41	Coffee and Gift Shops			54,203	54,203		54,203		54,203			41
42	Provider Participation Fee											42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		296	178,257	178,553		178,553	(12,562)	165,991			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	1,588,298	230,007	1,063,016	2,881,321		2,881,321	(224,969)	2,656,352			45

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

Arthur Merkle Clara Knipprath Nursing Home
ID# #21832
Report Period 1/1/06 to 12/31/06
Schedule V Attachment - Reclassification

Food Purchase	Line 2, Col 5	(\$21,291)
Employee Benefits and Payroll Taxes (To reclassify employee meals)	Line 22, Col 5	21,291
Heat & Other Utilities	Line 5, Col 5	(2,949)
Maintenance	Line 6, Col 5	(178)
Insurance, Property and Liability	Line 26, Col 5	(233)
Depreciation	Line 30, Col 5	(3,517)
Administrative (To reclassify administrative costs for Brothers' residence)	Line 17, Col 5	<u>6,877</u>
Total Reclassification	Line 45, Col 5	<u><u>\$0</u></u>

Facility Name & ID Number Arthur Merkle Clara Knipprath Nursing Home

0021832

Report Period Beginning: 1/1/2006

Ending: 12/31/2006

VI. ADJUSTMENT DETAIL

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

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(1,645)	2		4
5	Telephone, TV & Radio in Resident Rooms	(2,432)	11		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(19)	30		9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				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	(220,873)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (224,969)		\$	30

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	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (224,969)		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	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.		x	\$		38
39						39
40	Gift and Coffee Shops		x			40
41	Barber and Beauty Shops		x			41
42	Laboratory and Radiology		x			42
43	Prescription Drugs		x			43
44	Exceptional Care Program		x			44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		x			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

BHF USE ONLY						
48		49		50		51
						52

Arthur Merkle Clara Knipprath Nursing Home

ID# 0021832

Report Period Beginning: 1/1/2006

Ending: 12/31/2006

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	Independent Living Unit -Maintenance Wages	\$ (10,000)	6	1
2	Independent Living Unit Wages	(13,500)	10	2
3	Independent Living Unit Wages - Administration	(15,000)	17	3
4	Independent Living Unit Employee Benefits	(4,902)	22	4
5	Independent Living Unit Wages	(12,648)	3	5
6	Independent Living Unit Insurance	(2,451)	26	6
7	Independent Living Unit Depreciation	(87,575)	30	7
8	Independent Living Unit Utilities	(33,888)	5	8
9	Independent Living Unit-Supplies	(325)	6	9
10	Independent Living Unit Maintenance & Other	(9,486)	6	10
11	Independent Living Unit Food Cost	(5,778)	2	11
12	Administration Cost for Brothers' Residence	(6,877)	17	12
13	Adjust Barber & Beauty due to income received	(12,562)	40	13
14	Adj Sundried due to income received	(4,236)	15	14
15	Independent Living Unit - Other	(1,645)	7	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	(220,873)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Arthur Merkle Clara Knipprath Nursing Home

0021832

Report Period Beginning:

1/1/2006

Ending:

12/31/2006

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(7,423)	0	0	0	0	0	0	0	0	0	0	(7,423)	2
3	Housekeeping	(12,648)	0	0	0	0	0	0	0	0	0	0	(12,648)	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(33,888)	0	0	0	0	0	0	0	0	0	0	(33,888)	5
6	Maintenance	(19,811)	0	0	0	0	0	0	0	0	0	0	(19,811)	6
7	Other (specify):*	(1,645)	0	0	0	0	0	0	0	0	0	0	(1,645)	7
8	TOTAL General Services	(75,415)	0	0	0	0	0	0	0	0	0	0	(75,415)	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	(13,500)	0	0	0	0	0	0	0	0	0	0	(13,500)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	(2,432)	0	0	0	0	0	0	0	0	0	0	(2,432)	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	(4,236)	0	0	0	0	0	0	0	0	0	0	(4,236)	15
16	TOTAL Health Care and Programs	(20,168)	0	0	0	0	0	0	0	0	0	0	(20,168)	16
	C. General Administration													
17	Administrative	(21,877)	0	0	0	0	0	0	0	0	0	0	(21,877)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	0	0	0	0	0	0	0	0	0	0	0	19
20	Fees, Subscriptions & Promotions	0	0	0	0	0	0	0	0	0	0	0	0	20
21	Clerical & General Office Expenses	0	0	0	0	0	0	0	0	0	0	0	0	21
22	Employee Benefits & Payroll Taxes	(4,902)	0	0	0	0	0	0	0	0	0	0	(4,902)	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	(2,451)	0	0	0	0	0	0	0	0	0	0	(2,451)	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(29,230)	0	0	0	0	0	0	0	0	0	0	(29,230)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(124,813)	0	0	0	0	0	0	0	0	0	0	(124,813)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Arthur Merkle Clara Knipprath Nursing Home

0021832

Report Period Beginning:

1/1/2006 Ending:

12/31/2006

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

	Capital Expense	PAGES	PAGE	SUMMARY										
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(87,594)	0	0	0	0	0	0	0	0	0	0	(87,594)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	0	0	0	0	0	0	0	0	0	0	0	0	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	(87,594)	0	(87,594)	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	(12,562)	0	0	0	0	0	0	0	0	0	0	(12,562)	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):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	(12,562)	0	(12,562)	44									
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(224,969)	0	(224,969)	45									

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
Franciscan Missionary Brothers of the Sacred Heart of Jesus	100%	N/A				

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.

Facility Name & ID Number Arthur Merkle Clara Knipprath Nursing Home # 0021832 Report Period Beginning: 1/1/2006 Ending: 12/31/2006

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	Bro Damien Dabraekeleer	Executive Director	Administrator	0.00	0	46	100.00	Stipend to	\$ 75,000	17	1
2	Bro William Farrelly	Director	Nursing	0.00	0	44	100.00	Religious	67,500	10	2
3	Bro Joseph Ruscha	Director	Maintenance	0.00	0	44	100.00	Order	49,996	6	3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 192,496		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 Arthur Merkle Clara Knipprath Nursing Home # 0021832 Report Period Beginning: 1/1/2006 Ending: 2/31/2006

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

Name of Related Organization _____
 Street Address _____
 City / State / Zip Code _____
 Phone Number () _____
 Fax Number () _____

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

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

Facility Name & ID Number Arthur Merkle Clara Knipprath Nursing Hor # 0021832 Report Period Beginning: 1/1/2006 Ending: 12/31/2006

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				
	A. Directly Facility Related											
	Long-Term											
1	None						\$	\$			\$	1
2												2
3												3
4												4
5												5
	Working Capital											
6	None											6
7												7
8												8
9	TOTAL Facility Related						\$	\$			\$	9
	B. Non-Facility Related*											
10	None											10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						\$	\$			\$	14
15	TOTALS (line 9+line14)						\$	\$			\$	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ _____ Line # _____

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

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

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2005 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 2005 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2005.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2005 real estate tax bill to Healthcare and Family Services, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2006 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 Bureau of Health Finance at (217) 782-1630.

2005 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Arthur Merkle Clara Knipprath Nursing Home COUNTY Iroquois

FACILITY IDPH LICENSE NUMBER 0021832

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 2005 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 2005.

(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. _____	_____	\$ _____	\$ _____
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 & 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 2005 tax bills which were listed in Section A to this statement. Be sure to use the 2005 tax bill which is normally paid during 2006.

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 Arthur Merkle Clara Knipprath Nursing Home

0021832 Report Period Beginning:

1/1/2006 Ending: 12/31/2006

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 53,919 B. General Construction Type: Exterior Brick Frame Masonry Number of Stories 1

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.

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

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.

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

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

Countryside Villas, 15 Independent Living Units - 17,005 square feet

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: _____ 2. Number of Years Over Which it is Being Amortized: _____
3. Current Period Amortization: _____ 4. Dates Incurred: _____

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>SNF</u>	<u>1,730,560</u>	<u>1975</u>	<u>\$ 24,225</u>	1
2	<u>Farm/ILU</u>	<u>995,072</u>	<u>1975</u>	<u>32,775</u>	2
3	TOTALS	<u>2,725,632</u>		<u>\$ 57,000</u>	3

Facility Name & ID Number Arthur Merkle Clara Knipprath Nursing Home

0021832

Report Period Beginning:

1/1/2006

Ending:

12/31/2006

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	99		1975	1975	\$ 773,471	\$ 14,056	33	\$ 14,056		\$ 653,994	4
5			1975	1975	432,517	3,841	25	3,841		410,256	5
6											6
7											7
8											8
		Improvement Type**									
9		Fixed Equipment		1981	924		5			924	9
10				1982	656		15			656	10
11				1983	5,462	22	17	22		5,320	11
12				1984	4,868		15			4,868	12
13				1985	6,098	191	15	191		5,334	13
14				1986	2,400		10			2,400	14
15				1987	6,773		25			6,773	15
16				1988	650		10			650	16
17				1989	2,032		5			2,032	17
18				1990	14,012		15			14,012	18
19				1991	9,327	388	20	388		7,549	19
20				1992	1,276		10			1,276	20
21				1993	25,219	1,231	20	1,231		19,679	21
22				1994	6,594	440	15	440		6,374	22
23				1995	2,825		10			2,825	23
24				1996	97,366	3,865	25	3,865		46,886	24
25		Fire Supression-Kitchen		1996	2,115	106	20	106		1,111	25
26		Nurses Station Impr		1996	5,395	360	15	360		3,776	26
27		Verticla Blinds-Arthur		1996	350	17	10	17		349	27
28		Heat pump compressor		1996	1,890	95	10	95		1,891	28
29		Therapy Room Cubicle		1996	321	16	10	16		321	29
30		Kitchen Heat Pump		1996	1,679	84	10	84		1,679	30
31		2 Water Heaters		1996	4,158	277	15	277		2,910	31
32		Call Light System		1996	1,348	90	15	90		944	32
33		Room Heaters		1996	3,603	180	10	180		3,602	33
34		Pump/Generator Impr		1997	2,540		5			2,540	34
35		Fire Alarm Impr		1997	1,105		5			1,105	35
36		Fire Safety Code Impr		1997	5,844	390	15	390		3,701	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 Arthur Merkle Clara Knipprath Nursing Home

0021832

Report Period Beginning:

1/1/2006

Ending:

12/31/2006

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	
37	Procure Nurse Call System	1997	\$ 36,033	\$ 2,402	15	\$ 2,402	\$	\$ 22,821	37
38	Garbage Disposal	1998	1,142	76	15	76		647	38
39	Heat Pump	1998	2,853	285	10	285		2,424	39
40	Fire Door	1998	200	10	20	10		85	40
41	Room Heat/Cool Unit	1998	3,632	363	10	363		3,087	41
42	Generator	1998	141,059	7,053	20	7,053		59,950	42
43	Cubicle Curtains	1998	5,250	525	10	525		4,463	43
44	Register Covers	1999	1,056	106	10	106		793	44
45	Walk-in Freezer/Cooler	1999	20,126	805	25	805		6,038	45
46	Water Heater Booster	1999	1,131	113	10	113		848	46
47	Above Ground Tank	1999	1,495	149	10	149		1,120	47
48	Air/Heat Unit	1999	1,057		5			1,057	48
49	Air Return Extension	2000	1,532	102	15	102		664	49
50	SS Garbage Disposal	2000	527	26	20	26		172	50
51	(2) Air /Heat Units	2000	1,950		5			1,950	51
52	Resident Security System	2001	4,830	483	10	483		2,657	52
53	Sewage Component Impr	2001	4,549	303	15	303		1,669	53
54	Disposal	2001	549	55	10	55		302	54
55	Dehumidifier	2001	1,050	105	10	105		578	55
56	Chapel Heating/Cooling	2001	19,000	1,900	10	1,900		10,450	56
57	Natural Gas Hot Water Conversion	2002	29,705	1,980	15	1,980		8,912	57
58	Resident Hall Water Coolers	2002	1,657	166	10	166		745	58
59	Sewer Lagoon Impr	2002	6,824	682	10	682		3,070	59
60	Time Clock	2002	395	40	10	40		179	60
61	Resident Room Heat/Cool Unit	2003	3,470	231	15	231		809	61
62	Satellite	2003	782	156	5	156		548	62
63	Front Entrance Door	2003	3,612	361	10	361		1,264	63
64	Exterior Security Locks	2003	612	61	10	61		214	64
65	Closet Doors	2003	2,845	190	15	190		665	65
66	DR Rooftop Heating Unit	2003	6,325	422	15	422		1,477	66
67	Staff DR Cooling Unit	2003	2,600	173	15	173		606	67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 1,730,666	\$ 44,972		\$ 44,972	\$	\$ 1,356,001	70

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

Facility Name & ID Number Arthur Merkle Clara Knipprath Nursing Home

0021832

Report Period Beginning:

1/1/2006

Ending:

12/31/2006

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 12A, Carried Forward		\$ 1,730,666	\$ 44,972		\$ 44,972	\$	\$ 1,356,001	1
2	Oxygen Room Ventilation	2004	593	59	10	59		148	2
3	Hot Water Supply - Mary Hall	2004	3,578	179	20	179		447	3
4	Water softner System	2005	9,899	990	10	990		1,485	4
5	New Shower Valves, All Halls	2005	3,084	154	20	154		231	5
6	Oxygen Room Sprinkler	2005	709	35	20	35		53	6
7	Water System Improvement	2005	1,241	124	10	124		186	7
8	Dishwasher Motor	2005	1,825	365	5	365		547	8
9	Heater Unit	2005	410	41	10	41		61	9
10	Well Pump Electrical	2005	1,518	101	15	101		152	10
11									11
12	Land Improvements	1975	194,467	2,899	25	2,899		169,822	12
13		1979	8,614		20			8,614	13
14		1982	42,700		11			42,700	14
15		1983	1,999		20			1,999	15
16		1984	3,405		20			3,405	16
17		1985	860		12			860	17
18		1986	6,156		15			6,156	18
19		1980	762		20			762	19
20		1992	6,346	317	20	317		4,601	20
21		1993	3,640		5			3,640	21
22		1995	6,753	413	15	413		4,744	22
23	Drive Pavement	1997	8,900	593	15	593		5,636	23
24	Well	1998	7,339	367	20	367		3,119	24
25	Sewer Improvement	1999	13,399	1,400	10	1,400		10,109	25
26	Drive Sealing	2000	8,945		5			8,945	26
27	Landscaping	2002	4,211	281	15	281		1,263	27
28	Drive Widening	2002	32,150	3,215	10	3,215		14,468	28
29	Sewage System Control Panel	2003	2,635	264	10	264		923	29
30	Water Well Improvement	2003	7,449	745	10	745		2,607	30
31	Drive Sealing	2004	3,996	799	5	799		1,998	31
32	Sidewalk	2005	2,268	151	15	151		227	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,120,517	\$ 58,464		\$ 58,464	\$	\$ 1,655,909	34

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

Facility Name & ID Number Arthur Merkle Clara Knipprath Nursing Home

0021832

Report Period Beginning:

1/1/2006

Ending:

12/31/2006

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 12B, Carried Forward		\$ 2,120,517	\$ 58,464		\$ 58,464	\$	\$ 1,655,909	1
2	Buildings	1980	4,422		20			4,422	2
3		1981	1,738		10			1,738	3
4		1982	1,106	44	25	44		1,084	4
5		1984	130,023	19	20		(19)	130,023	5
6		1985	598		15			598	6
7		1986	640,838	18,881	33	18,881		426,484	7
8	Buildings	1987	37,528		15			37,528	8
9		1988	13,228		15			13,228	9
10		1989	10,488		15			10,488	10
11		1990	2,096		10			2,096	11
12		1991	35,542	1,739	20	1,739		28,056	12
13		1992	(34,187)	(810)	40	(810)		(11,745)	13
14		1993	475		10			475	14
15	Floor Tile Nurse Station	1996	2,050	137	15	137		1,436	15
16	Floor Tile Clara Wing	1996	778	52	15	52		545	16
17	Floor Tile, Main, Kitchen	1997	14,739		7			14,739	17
18	Hallway Impr	1997	3,870		5			3,870	18
19	Roof Improvements	1997	13,828	922	15	922		8,758	19
20	Floor Tile Arthur Wing	1998	6,475	647	10	647		5,504	20
21	DR Vinyl Floor	1998	4,420		5			4,420	21
22	Interior Corridor Doors	2000	2,415	161	10	161		1,047	22
23	Chapel Roof (Partial)	2001	3,099	207	15	207		1,136	23
24	Kitchen Doors	2001	1,031	103	10	103		567	24
25	New Roof	2002	32,319	1,616	20	1,616		7,272	25
26	Floor Tile	2002	2,919	195	15	195		877	26
27	Maintenance Shed	2002	7,010	280	25	280		1,261	27
28	North Wing Roof	2003	34,539	1,727	20	1,727		6,044	28
29	Chapel Windows	2003	18,234	912	20	912		3,192	29
30	Resident Room Tiling	2003	1,521	152	10	152		532	30
31	Chapel Entry Flooring	2003	2,924	292	10	292		1,024	31
32	Chapel Roof/Glass	2004	3,115	208	15	208		519	32
33	Tiling Mary Hall	2004	36,035	3,604	10	3,604		9,009	33
34	TOTAL (lines 1 thru 33)		\$ 3,155,733	\$ 89,552		\$ 89,533	\$ (19)	\$ 2,372,136	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 12C, Carried Forward		\$ 3,155,733	\$ 89,552		\$ 89,533	\$ (19)	\$ 2,372,136	1
2	Mary Hall Rehab	2004	7,660	511	15	511		1,276	2
3	Mary Hall Wiring	2004	3,050	153	20	153		381	3
4	Dining Area Painting	2005	1,875	375	5	375		563	4
5	Water Supply System Impr	2006	1,540	154	5	154		154	5
6	Fire Alarm System	2006	29,014	967	15	967		967	6
7	Kitchen Rooftop Unit	2006	10,078	336	15	336		336	7
8	Heater Units	2006	5,735	287	10	287		287	8
9	Nursing Sanitation Equipment	2006	705	35	10	35		35	9
10	Door Security System Upgrade	2006	3,123	156	10	156		156	10
11	Lot Sealing	2006	3,211	321	5	321		321	11
12	Life Safety Improvements	2006	4,054	405	5	405		405	12
13	Chapel Roof	2006	11,986	400	15	400		400	13
14	Chapel Drywall/Paint	2006	6,941	347	10	347		347	14
15	Gutters	2006	256	9	15	9		9	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	TOTAL (lines 1 thru 33)		\$ 3,244,961	\$ 94,008		\$ 93,989	\$ (19)	\$ 2,377,773	34

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

Arthur Merkle Clara Knipprath Nursing Home
ID#
Report Period Beginning 1/1/06 to 12/31/06
Attachment to Schedule XI, Page 12B, Line 25

The Nursing Home received an adjustment on building improvements constructed in 1982 due to construction problems relating to leakage in the chapel roof. This amount is reflected as a 1992 line item and adjusted prospectively.

Facility Name & ID Number Arthur Merkle Clara Knipprath Nursing Home # 0021832 Report Period Beginning: 1/1/2006 Ending: 12/31/2006

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	\$ 285,514	\$ 30,244	\$ 30,244	\$		\$ 145,689	71
72	Current Year Purchases	22,368	1,776	1,776			1,776	72
73	Fully Depreciated Assets	183,849					183,849	73
74								74
75	TOTALS	\$ 491,731	\$ 32,020	\$ 32,020	\$		\$ 331,314	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	Patient Transport	1996 Ford Eldorado Transit	1996	\$ 38,099	\$ 1,905	\$ 1,905	\$	10	\$ 38,099	76
77	Facility Business	1996 Mercury Sable	1996	15,878				4	15,878	77
78	Patient Transport	1993 Mercury Villager	1992	18,387				5	18,387	78
79	Maintenance Truck	1997 GMC Truck	2002	14,580	2,083	2,083		7	9,373	79
80	TOTALS			\$ 86,944	\$ 3,988	\$ 3,988	\$		\$ 81,737	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)		\$ 3,880,636	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)		\$ 130,016	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)		\$ 129,997	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)		\$ (19)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)		\$ 2,790,824	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	Brother Residence	\$ 95,606	\$ 2,449	\$ 74,786	86
87	Brother Residence Equipment	22,663	1,067	16,161	87
88	Apartment Complex Bldg	1,792,077	53,081	769,451	88
89	Apartment Complex Equipment	727,801	32,962	497,265	89
90	Apartment Complex Land Imp	24,971	1,532	16,762	90
91	TOTALS	\$ 2,663,118	\$ 91,091	\$ 1,374,425	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 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

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

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

9. Option to Buy: YES NO Terms: _____*

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

15. Is Movable equipment rental included in building rental?

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

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.	_____ /2007	\$ _____
13.	_____ /2008	\$ _____
14.	_____ /2009	\$ _____

* 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 Arthur Merkle Clara Knipprath Nursing Home # 0021832 Report Period Beginning: 1/1/2006 Ending: 12/31/2006

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.)

<p>1. HAVE YOU TRAINED CNAs 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 CNA _____</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 CNA _____</p>
--	---	--

All new nurses aids are required to have completed the proper certification and training prior to being hired.

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		3	4
		1	2		
		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.

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist		hrs	\$		\$	\$		\$	1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-2	hrs			83,706			83,706	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39-2	# of prescripts			23,629			23,629	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): Lab & Other	39-2				4,453			4,453	13
14	TOTAL			\$		\$ 111,788	\$		\$ 111,788	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.

Facility Name & ID Number Arthur Merkle Clara Knipprath Nursing Home # 0021832 Report Period Beginning: 1/1/2006 Ending: 12/31/2006

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/2006 (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	\$ 54,402	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>31,000</u>)	393,172		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments	2,089,203		5
6	Prepaid Insurance	85,926		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Accrued Interest</u>	27,000		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,649,703	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	930,355		12
13	Land	448,414		13
14	Buildings, at Historical Cost	3,732,193		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	2,358,118		16
17	Accumulated Depreciation (book methods)	(4,159,710)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 3,309,370	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,959,073	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 95,033	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	19,213		30
31	Accrued Taxes Payable (excluding real estate taxes)	6,507		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	<u>Apartment Rental Deposits</u>	21,640		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 142,393	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 142,393	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 5,816,680	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 5,959,073	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 5,889,138	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 5,889,138	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(72,458)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (72,458)	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)	\$ 5,816,680	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Arthur Merkle Clara Knipprath Nursing Home # 0021832 Report Period Beginning: 1/1/2006Ending: 12/31/2006**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	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 3,500,714	1
2	Discounts and Allowances for all Levels	(1,086,984)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 2,413,730	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	14,632	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 14,632	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	25,539	13
14	Non-Patient Meals	5,835	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 31,374	23
D. Non-Operating Revenue			
24	Contributions	14,846	24
25	Interest and Other Investment Income***	126,364	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 141,210	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Rental & Farm	207,917	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 207,917	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 2,808,863	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	713,841	31
32	Health Care	1,117,694	32
33	General Administration	650,125	33
B. Capital Expense			
34	Ownership	221,108	34
C. Ancillary Expense			
35	Special Cost Centers	124,350	35
36	Provider Participation Fee	54,203	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 2,881,321	40
41	Income before Income Taxes (line 30 minus line 40)**	(72,458)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (72,458)	43

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? Yes 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 Arthur Merkle Clara Knipprath Nursing Home# 0021832

Report Period Beginning:

1/1/2006

Ending:

12/31/2006

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	2,099	2,275	\$ 59,946	\$ 26.35	1
2	Assistant Director of Nursing					2
3	Registered Nurses	9,722	11,590	235,178	20.29	3
4	Licensed Practical Nurses	12,124	13,304	220,362	16.56	4
5	CNAs & Orderlies	37,626	40,700	396,767	9.75	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,440	1,440	15,192	10.55	8
9	Activity Director	368	480	5,283	11.01	9
10	Activity Assistants	4,030	4,470	47,546	10.64	10
11	Social Service Workers	1,742	1,862	18,373	9.87	11
12	Dietician					12
13	Food Service Supervisor	1,436	1,620	31,428	19.40	13
14	Head Cook	1,506	1,682	21,364	12.70	14
15	Cook Helpers/Assistants	18,872	20,528	202,557	9.87	15
16	Dishwashers					16
17	Maintenance Workers	2,796	2,844	57,370	20.17	17
18	Housekeepers	5,743	6,463	63,483	9.82	18
19	Laundry	2,688	2,688	27,149	10.10	19
20	Administrator	2,496	2,496	75,000	30.05	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	6,613	7,525	91,908	12.21	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,920	1,920	19,392	10.10	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	113,221	123,887	\$ 1,588,298 *	\$ 12.82	34

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

** See instructions.

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	67	\$ 3,329	Ln 1, Col 3	35
36	Medical Director	36	5,400	Ln 9, Col 3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	36	600	Ln 10, Col 3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	12	939	Ln 11, Col 3	44
45	Social Service Consultant	12	479	Ln 11, Col 3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	163	\$ 10,747		49

C. CONTRACT NURSES

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

Facility Name & ID Number Arthur Merkle Clara Knipprath Nursing Home

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. \$3,664 Life Services Network
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? _____
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 11.34
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 24,390 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 during this cost report period. \$ 54,203
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? Yes 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. \$ 21,291 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 1,645
- (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? 66
d. Have vehicle usage logs been maintained? Yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: Smith, Koelling, Dykstra & Ohm, PC The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? Yes 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 \$5,000, have legal invoices and a summary of services performed been attached to this cost report? N/A
Attach invoices and a summary of services for all architect and appraisal fees.

Arthur Merkle Clara Knipprath Nursing Home
ID#
Report Period Beginning 1/1/06 Ending 12/31/06
Attachment to Schedule XX, Item 14

The portion of the building which is used for Independent Living Units is a completely separate section of the building with its own meters for utilities. Expenses, including depreciation, which relate to the Independent Living Units, are maintained separately in the accounting records.

12/31/2006

STATE OF ILLINOIS

Facility Name & ID Number Arthur Merkle Clara Knipprath Nursing Home 21832
Diagnostic Report

DIFFERENCE

Salary/Wages	Page 4, Line 45, Col 1 Page 20, Line 34, Col 3	1,588,298 1,588,298	0
Book Depreciation	Page 4, Line 30, Col 4	221,108	
Care Related Depr	Page 13, Line 82	130,016	
Non-Care Depr	PAGE 13, LINE 91, COL 3	91,091	221107 -1
Adjusted Depr	PAGE 4, LINE 30, COL 8 PAGE 13, LINE 83	129,997 129,997	0
Interest	PAGE 4, LINE 32, COL 3 PAGE 9, LINE 15, COL 10	0 0	0
Adjustments	PAGE 4, LINE 45, COL 7 PAGE 5, LINE 30, COL 1	(224,969) (224,969)	0
Administrative Salaries	PAGE 3, LINE 17, COL 4 PAGE 21, SCHED A	75,000 75,000	0
PROFESSIONAL SER	PAGE 3, LINE 19, COL 4 PAGE 21, SCHED C	23,567 23,567	0
DUES & SUBSCRIPTION	PAGE 3, LINE 20, COL 8 PAGE 21, SCHED F	6,266 6,266	0
EMPLOYEE BENEFITS	PAGE 3, LINE 22, COL 8 PAGE 21, SCHED D	385,140 385,140	0
TRAVEL & SEMINAR	PAGE 3, LINE 24, COL 8 PAGE 21, SCHED G	87 87	0
DEPRECIATION-COST	PAGE 13, SCHED E, LINE 81 PAGE 11, SCHED A, LINE 3 PAGE 12, LINE 34, COL 4 PAGE 13, LINE 75, COL 1 PAGE 13, LINE 80, COL 4	57,000 3,244,961 491,731 86,944	3,880,636 3880636.3 0
DEPREC - CURRENT	PAGE 13, SCHED E, LINE 82 PAGE 12, LINE 34, COL 5 PAGE 13, LINE 75, COL 2 PAGE 13, LINE 80, COL 5	130,016 94,008 32,020 3,988	130016 0
DEPREC - STRAIGHT	PAGE 13, SCHED E, LINE 83 PAGE 12, LINE 34, COL 7 PAGE 13, LINE 75, COL 3 PAGE 13, LINE 80, COL 6	129,997 93,989 32,020 3,988	129997 0
DEPREC - ADJUSTME	PAGE 13, SCHED E, LINE 84 PAGE 12, LINE 34, COL 8 PAGE 13, LINE 75, COL 4 PAGE 13, LINE 80, COL 7	(19) 0 0	(19) 0 -19 0
ACCUMULATED DEPF	PAGE 13, SCHED E, LINE 85 PAGE 12, LINE 34, COL 9 PAGE 13, LINE 75, COL 6 PAGE 13, LINE 80, COL 9	2,790,824 2,377,773 331,314 81,737	2790824 0
BALANCE SHEET	TOTAL ASSETS-PAGE 17, LINE 25 TOTAL LIAB-PAGE 17, LINE 48	5,959,073 5,959,073	0
EQUITY	TOTAL EQUITY, PAGE 17, LINE 47 ENDING EQUITY, PAGE 18, LINE 24	5,816,680 5,816,680	0

Report Code	Name	Ruth	Code	Hours	Regular	Vacation	Total Salary
1	Sharkey	Ruth	10	2099	2275	69,946.00	
1 Total							
3	Albrecht	Michelle	11	1606	1790	58,680.00	
3	Crain	Beth	11	1738	1954	60,680.00	
3	Jennings	Mary	11	1335	1387	46,460.00	
3	Labrad	Mary	11	406	446	9,052.00	
3	O'Connor	Maria	11	79	79	1,126.00	
3	Schuler	Cori	11	1936	3331	44,272.00	
3	Wesler	Esther	11	333	333	6,760.00	
3	Brothers			2288	2288	67,560.00	
3	AJE					1,419.00	
3 Total							
4	Butt	Rose	12	9722	11590	236,178.00	
4	Garcia	Mary	12	354	354	5,491.00	
4	Husak	Darlene	12	1362	1474	24,530.00	
4	Misur	Laurie	12	1941	2183	38,556.00	
4	Morano			922	1002	16,726.00	
4	O'Connor	Maria	12	533	533	7,599.00	
4	Rudolf	Lisa	12	1020	1102	18,180.00	
4	Schubert	Jana	12	1621	1717	28,890.00	
4	Schoon	Linda	12	1272	1449	24,157.00	
4	Sieding	Marta	12	1258	1418	23,697.00	
4	Suprenant	Laura	12	529	529	7,872.00	
4	AJE					1,419.00	
4 Total				12124	13304	220,362.00	
5	Adams	Erica	13	77	77	459.00	
5	Anderson	Jean	13	1346	1512	16,040.00	
5	Armstrong	Brandy	13	1655	1783	18,874.00	
5	Ayala	Alejandra	13	774	774	6,698.00	
5	Beaz	Crystal	13	108	108	894.00	
5	Beil	Loft	13	926	1022	10,777.00	
5	Beniz	Brandy	13	1694	1772	18,272.00	
5	Became	Francis	13	1574	1713	18,120.00	
5	Beverly	Monique	13	408	408	3,626.00	
5	Blackbeck	Cheryl	13	1375	1559	16,599.00	
5	Blake	Savannah	13	69	69	602.00	
5	Blockman	Kelly	13	775	775	6,970.00	
5	Campbell	Althea	13	1481	1628	17,511.00	
5	Clady	Elaine	13	1388	1562	16,812.00	
5	Clark	Michelle	13	182	230	2,128.00	
5	Danings	Courtnay	13	1142	1244	11,540.00	
5	Dorch	Angela	13	232	232	2,190.00	
5	Digi	Nora	13	197	22	2,046.00	
5	Hugh	Lary	13	1030	1070	6,955.00	
5	Hall	Cassie	13	151	151	1,377.00	
5	Hanson	Maria	13	459	459	2,995.00	
5	Henneke	Stacy	13	1382	1470	15,544.00	
5	Ips			53	53	464.00	
5	Kirk	Kelly	13	6	6	53.00	
5	Kriegel	Season	13	1520	1683	17,813.00	
5	Love	Hilston	13	54	54	326.00	
5	Makrom	Debra	13	2014	2295	23,820.00	
5	Parler	Lea	13	50	50	463.00	
5	Parkner	Angela	13	447	447	4,401.00	
5	Peters	Sarah	13	199	199	1,673.00	
5	Potter	Annette	13	1228	1328	13,887.00	
5	Riederer	Brimmy	13	1203	1283	11,996.00	
5	Reno	Cassandra	13	1395	1563	16,661.00	
5	Reno	Christina	13	1813	2014	13,120.00	
5	Reno	Francis	13	1367	1535	16,244.00	
5	Roussel	Tammy	13	2009	2009	18,488.00	
5	Rosenthal	Camelia	13	146	146	1,367.00	
5	Russell	Rubeca	13	102	102	888.00	
5	Saundon	Casey	13	97	97	632.00	
5	Saunders	April	13	0	0	134.00	
5	Seng	Deborah	13	1305	1417	13,126.00	
5	Shank	Dawn	13	84	84	7,894.00	
5	Tatro	Annette	13	1720	1888	18,316.00	
5	Vadra	Brimmy	13	43	43	365.00	
5	Valentine	Teri	13	775	861	8,265.00	
5	Volman	Tammy	13	236	236	2,060.00	
5	Whison	Stephanie	13	1564	1694	18,741.00	
5	Williams	Owenstyn	13	74	74	654.00	
5	Woods	Tina	13	381	381	3,561.00	
5	Zlewicz	Rachal	13	6	6	53.00	
5	adjustments			-1440	-1440	15,192.00	
5	AJE					1,419.00	
5 Total				37626	40790	386,767.00	
6	adjustments			1440	1440	15,192.00	
6 Total				1440	1440	15,192.00	
9	Cross	Nancy	14	368	480	5,283.00	
9 Total				368	480	5,283.00	
10	Cross	Nancy	15	1647	1697	19,866.00	
10	Jones	Betty	15	674	794	8,071.00	
10	Sheskey	Vickie	15	1700	1869	19,379.00	
10 Total				4020	4470	47,546.00	
11	Schroeder	Marcia	2	1742	1862	18,379.00	
11 Total				1742	1862	18,379.00	
13	Walter	Iris	4	1438	1620	31,428.00	
13 Total				1438	1620	31,428.00	
14	Albrecht	Carol	5	1506	1682	21,364.00	
14 Total				1506	1682	21,364.00	
15	Aranmth	Karen	6	1846	1998	19,891.00	
15	Bailey	Catherine	6	467	523	5,218.00	
15	Behrends	Lenette	6	1915	2067	19,065.00	
15	Dixon	Honey	6	0	0	81.00	
15	Gilbert	Linda	6	1894	2028	20,948.00	
15	Hugh	Hedl	6	750	750	4,467.00	
15	Hickson	Bonnie	6	1895	2095	21,078.00	
15	Lamontagne	Sherry	6	2044	2234	22,334.00	
15	Mayer	Agnus	6	1477	1597	16,625.00	
15	Miler	Sandra	6	1688	176	17,139.00	
15	Piggush	Christine	6	1752	1968	19,888.00	
15	Span	Bucky	6	1752	1928	18,443.00	
15	Taylor	Casey	6	1484	1598	16,422.00	
15	AJE			18872	20528	202,877.00	
15 Total				9	598	956	7,370.00
17	Kopack	David	9	2796	2796	60,000.00	
17 Total				2796	2844	67,370.00	
18	Frankie	Marilyn	7	2040	2298	25,534.00	
18	Finnel	Dudra	8	1228	1338	12,994.00	
18	Geiger	Tina	8	1718	193	19,193.00	
18	Marquis	Diana	8	640	640	5,342.00	
18	Bolwig	Crystal	8	1134	1230	12,432.00	
18	Turner	Crystal	8	64	64	644.00	
18	Whitrow	Lacy	8	1611	1691	14,602.00	
18	adjustments					2888	
18 Total				5743	6463	63,463.20	
19	adjustments			2688	2688	27,148.80	
19 Total				2688	2688	27,148.80	
20	Brothers			2496	2496	75,000.00	
20 Total				2496	2496	75,000.00	
24	Duncan	Susan	1	2142	2399	35,380.00	
24	Beaupre	Lana	3	872	928	7,837.00	
24	Benjamin	Ann	3	982	1102	11,630.00	
24	Fitzpatrick	Rita	3	940	1020	9,925.00	
24	Ketch	Mary	3	1360	1526	15,448.00	
24	Potts	Arlonnette	3	2076	2348	20,524.00	
24	Rasprinkas	Gerardine	3	160	160	1,401.00	
24	adjustments			1500	1500	19,392.00	
24 Total				6813	7525	81,968.00	
31	adjustments			1920	1920	19,392.00	
31 Total				1920	1920	19,392.00	
Grand Total				11324	123897	1,598,298.00	