

Facility Name & ID Number Illinois Knights Templar Home

0010058 Report Period Beginning: 8/1/05 Ending: 7/31/06

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 06/10/06

	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	71	Skilled (SNF)	75	26,123	1
2		Skilled Pediatric (SNF/PED)			2
3	4	Intermediate (ICF)		1,252	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	75	TOTALS	75	27,375	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				
		2 Medicaid Recipient	3 Private Pay	4 Other		5 Total
8	SNF	10,869	12,842	1,552	25,263	8
9	SNF/PED					9
10	ICF	1,343			1,343	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	12,212	12,842	1,552	26,606	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 97.19%

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

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

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

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES NO Non-allowable costs have been eliminated in Schedule V, Column 7.

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 8/1/1954

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 75 and days of care provided 1,552

Medicare Intermediary AdminaStar Federal

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 7/31/06 Fiscal Year: 7/31/2006

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

Facility Name & ID Number Illinois Knights Templar Home # 0010058 Report Period Beginning: 8/1/05 Ending: 7/31/06

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	267,175	10,551	4,180	281,906		281,906		281,906		1
2	Food Purchase		105,640		105,640		105,640	(4,848)	100,792		2
3	Housekeeping	140,564	12,345		152,909		152,909		152,909		3
4	Laundry	46,650	7,021	9,463	63,134		63,134		63,134		4
5	Heat and Other Utilities			88,972	88,972		88,972		88,972		5
6	Maintenance	97,761	10,657	59,666	168,084		168,084		168,084		6
7	Other (specify):*										7
8	TOTAL General Services	552,150	146,214	162,281	860,645		860,645	(4,848)	855,797		8
	B. Health Care and Programs										
9	Medical Director			8,400	8,400		8,400		8,400		9
10	Nursing and Medical Records	930,894	92,204	51,762	1,074,860		1,074,860		1,074,860		10
10a	Therapy		1,431	153,864	155,295		155,295		155,295		10a
11	Activities	69,144	3,455	2,829	75,428		75,428		75,428		11
12	Social Services	33,964	113	3,073	37,150		37,150		37,150		12
13	CNA Training										13
14	Program Transportation	13,132			13,132		13,132		13,132		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	1,047,134	97,203	219,928	1,364,265		1,364,265		1,364,265		16
	C. General Administration										
17	Administrative	59,916			59,916		59,916		59,916		17
18	Directors Fees										18
19	Professional Services			144,318	144,318		144,318	(225)	144,093		19
20	Dues, Fees, Subscriptions & Promotions			17,474	17,474		17,474	1,180	18,654		20
21	Clerical & General Office Expenses	136,781	58,854	2,265	197,900		197,900	(2,870)	195,030		21
22	Employee Benefits & Payroll Taxes			704,775	704,775		704,775	(1,390)	703,385		22
23	Inservice Training & Education			627	627		627		627		23
24	Travel and Seminar			9,394	9,394		9,394		9,394		24
25	Other Admin. Staff Transportation			4,708	4,708		4,708		4,708		25
26	Insurance-Prop.Liab.Malpractice			100,710	100,710		100,710		100,710		26
27	Other (specify):*										27
28	TOTAL General Administration	196,697	58,854	984,271	1,239,822		1,239,822	(3,305)	1,236,517		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	1,795,981	302,271	1,366,480	3,464,732		3,464,732	(8,153)	3,456,579		29

SEE ACCOUNTANTS' COMPILATION REPORT

*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.

**See schedule of adjustments attached at end of cost report.

Facility Name & ID Number Illinois Knights Templar Home

#0010058

Report Period Beginning:

8/1/05

Ending:

7/31/06

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			144,127	144,127		144,127		144,127			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			1,262	1,262		1,262		1,262			35
36	Other (specify):*											36
37	TOTAL Ownership			145,389	145,389		145,389		145,389			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		39,422		39,422		39,422		39,422			39
40	Barber and Beauty Shops	17,886	1,533	1,329	20,748		20,748		20,748			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			41,063	41,063		41,063		41,063			42
43	Other (specify):* Nonallowable Cost	3,630	5,527	180,471	189,628		189,628	(189,628)				43
44	TOTAL Special Cost Centers	21,516	46,482	222,863	290,861		290,861	(189,628)	101,233			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	1,817,497	348,753	1,734,732	3,900,982		3,900,982	(197,781)	3,703,201			45

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

**See schedule of adjustments attached at end of cost report.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Illinois Knights Templar Home

0010058

Report Period Beginning:

8/1/05

Ending:

7/31/06

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	(4,848)	2		4
5	Telephone, TV & Radio in Resident Rooms	(5,176)	43		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income				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	(140)	43		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	(79,028)	43		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	(18,342)	43		28
29	Other-Attach Schedule <u>See pg. 5A</u>	(90,247)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (197,781)		\$	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))	\$ (197,781)		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	

SEE ACCOUNTANTS' COMPILATION REPORT

Illinois Knights Templar Home

ID# 0010058

Report Period Beginning: 8/1/05

Ending: 7/31/06

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1		\$		1
2				2
3				3
4	Laboratory Outside Services	(5,468)	43	4
5	Seasonal Mailer Expense	(9,119)	43	5
6	Disallow volunteer appreciation expense	(139)	43	6
7	Disallow Marketing Promotional Items	(2,520)	43	7
8	Disallow Marketing Miscellaneous Expense	(2,770)	43	8
9	Disallow Marketing Travel Expense	(1,027)	43	9
10	Disallow Marketing Funeral Expense	(1,057)	43	10
11	Disallow Chamber of Commerce & Rotary dues	(210)	20	11
12	Disallow Townhouse expenses	(16,084)	43	12
13	Disallow CLU expenses	(44,262)	43	13
14	Disallow Rental House Expense	(4,496)	43	14
15	Offset Banquet revenue against Banquet expense	(493)	21	15
16	Offset misc. revenue against misc. expense	(2,377)	21	16
17	Disallow out of period legal fees	(225)	19	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	(90,247)		49

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Illinois Knights Templar Home# 0010058

Report Period Beginning:

8/1/05

Ending:

7/31/06

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

	Operating Expenses	PAGES	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	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(4,848)	0	0	0	0	0	0	0	0	0	0	(4,848)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(4,848)	0	(4,848)	8									
B. Health Care and Programs														
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	0	0	0	0	0	0	0	0	0	0	0	0	16
C. General Administration														
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(225)	0	0	0	0	0	0	0	0	0	0	(225)	19
20	Fees, Subscriptions & Promotions	(210)	0	0	0	0	0	0	0	0	0	0	(210)	20
21	Clerical & General Office Expenses	(2,870)	0	0	0	0	0	0	0	0	0	0	(2,870)	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(3,305)	0	(3,305)	28									
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(8,153)	0	(8,153)	29									

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Illinois Knights Templar Home # 0010058 Report Period Beginning: 8/1/05 Ending: 7/31/06

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

	Capital Expense	PAGES	PAGE	SUMMARY TOTALS										
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	0	0	0	0	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0	0	0	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(189,628)	0	0	0	0	0	0	0	0	0	0	(189,628)	43
44	TOTAL Special Cost Centers	(189,628)	0	(189,628)	44									
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(197,781)	0	(197,781)	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
See attached schedule		N/A			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		\$	N/A		\$	\$	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 Illinois Knights Templar Home # 0010058 Report Period Beginning: 8/1/05 Ending: 7/31/06

VII. RELATED PARTIES (continued)

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

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Illinois Knights Templar Home

0010058

Report Period Beginning:

8/1/05

Ending: 7/31/06

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 _____

N/A

City / State / Zip Code _____

Phone Number _____

()

Fax Number _____

()

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

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			N/A						9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Illinois Knights Templar Home

0010058

Report Period Beginning:

8/1/05

Ending:

7/31/06

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
A. Directly Facility Related																				
Long-Term																				
1																				
2	N/A																			
3																				
4																				
5																				
Working Capital																				
6																				
7																				
8																				
9	TOTAL Facility Related					\$	\$		\$											
B. Non-Facility Related*																				
10																				
11																				
12																				
13																				
14	TOTAL Non-Facility Related					\$	\$		\$											
15	TOTALS (line 9+line14)					\$	\$		\$											

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

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

(See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

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

(See instructions.)

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 2005 report.		\$	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	2
3. Under or (over) accrual (line 2 minus line 1).		\$	3
4. Real Estate Tax accrual used for 2006 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	7
Real Estate Tax History:			
Real Estate Tax Bill for Calendar Year:	2001	8	
	2002	9	
	2003	10	
	2004	11	
	2005	12	
This entity is a not-for-profit facility and does not pay real estate taxes.			
	FOR BHF USE ONLY		
	13	FROM R. E. TAX STATEMENT FOR 2005 \$	13
	14	PLUS APPEAL COST FROM LINE 5 \$	14
	15	LESS REFUND FROM LINE 6 \$	15
	16	AMOUNT TO USE FOR RATE CALCULATION \$	16

NOTES:

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

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 Illinois Knights Templar Home COUNTY Ford

FACILITY IDPH LICENSE NUMBER 0010058

CONTACT PERSON REGARDING THIS REPORT Kathy Swan

TELEPHONE 217-379-2116 FAX #: 217-379-3000

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. <u>N/A</u>	_____	\$ _____	\$ _____
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 Illinois Knights Templar Home

0010058

Report Period Beginning:

8/1/05

Ending:

7/31/06

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 40,268 B. General Construction Type: Exterior Brick Frame Fire Resistant Number of Stories 2

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).

Illinois Knights Templar Home - Townhouse Apartments; 2862 Sq Ft; 4 units

Illinois Knights Templar Home - Congregate Living Units (CLU's): 3330 Sq Ft; 11 units

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

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>Facility</u>	<u>120,000</u>	<u>1952</u>	<u>\$ 23,000</u>	<u>1</u>
2	<u>Garage</u>	<u>7,850</u>	<u>1951</u>	<u>3,204</u>	<u>2</u>
3	TOTALS	127,850		\$ 26,204	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Illinois Knights Templar Home# 0010058

Report Period Beginning:

8/1/05

Ending:

7/31/06**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 BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	13			1963	\$ 155,247	\$	40	\$	\$	\$ 155,247	4
5	37			1975	825,217	20,630	40	20,630		660,160	5
6	6			1987	587,238	14,681	40	14,681		293,620	6
7	4			1992	64,239	1,606	40	1,606		24,090	7
8	15			1996	1,292,665	32,317	40	32,317		112,530	8
	Improvement Type**										
9	Doors			1977	10,621		15			10,621	9
10	Parking Lights			1977	5,523		8			5,523	10
11	Improvements			1978	40,262	1,007	40	1,007		28,768	11
12	Generator			1979	12,921		20			12,921	12
13	Generator			1980	26,890		20			26,890	13
14	Roof			1980	32,948		20			32,948	14
15	Roof - Nurses Station			1981	22,000		20			22,000	15
16	Basement Renovation			1981	20,614		40			20,614	16
17	Air Conditioner Installation			1982	1,271		5			1,271	17
18	Carpeting - Administrators House			1982	365		5			365	18
19	Laundry Room - Plumbing & Heating			1982	9,799	245	25	245		9,506	19
20	Electrical Updates			1984	1,405		18			1,405	20
21	Water Heater			1984	1,430		10			1,430	21
22	Garage			1985	6,015	150	25	150		4,788	22
23	Furnace - Administrators House			1985	1,522		15			1,522	23
24	5 Room Renovation			1988	144,260	3,607	40	3,607		64,926	24
25	Resurface Parking Lots & Drives			1988	12,875		8			12,875	25
26	Patio			1989	9,000		15			9,000	26
27	Solarium			1989	21,547		15			21,547	27
28	Remodel Day Room			1989	3,558		15			3,558	28
29	Install Catch Basins			1989	790	20	20	20		680	29
30	New Sidewalk			1989	890		15			890	30
31	Sidewalk & Ramp			1990	1,090		15			1,090	31
32	Rewire Garage			1992	3,238	81	20	81		2,268	32
33	Install New Hot Water Supply			1992	3,039	76	20	76		1,976	33
34	Land Improvement - Cleared Site For Garage			1992	1,540		10			1,540	34
35	Garage			1992	39,976	835	15	835		39,976	35
36	Wall Replacement			1993	71,464	1,787	40	1,787		23,230	36

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

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Illinois Knights Templar Home# 0010058

Report Period Beginning:

8/1/05

Ending:

7/31/06**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	Land Improvement -Removal Of Tank	1993	\$ 2,500	\$	10	\$	\$	\$ 2,500	37
38	Roof Insulation	1993	15,800	395	15	395		13,426	38
39	Roof Insulation and Replace Skylights	1993	6,672	167	15	167		5,674	39
40	Wallpaper, Lights, Sashes - Adm House	1993	3,531		5			3,531	40
41	Sump Pump & Pit -Adm House	1993	815		10			815	41
42	Repaired Generator	1994	5,156	129	20	129		3,916	42
43	Wallpaper, Blinds, Cabinets - Adm House	1994	2,338		5			2,338	43
44	Land Improvement - Repaired Water Main	1994	1,063	27	25	27		527	44
45	Land Improvement - Sidewalks	1994	1,721	43	15	43		1,351	45
46	Air Conditioner in Dining Room	1994	4,801		5			4,801	46
47	Rewired Cable	1995	875		5			875	47
48	Tile In Front Entrance, Intermediate Rooms & House	1995	7,408	185	20	185		4,070	48
49	Land Improvement - Transplanted Tree	1995	275	7	20	7		154	49
50	Replace Fire System	1995	2,915		10			2,915	50
51	Installed New Shower	1996	647	16	10	16		600	51
52	Installed Garage Door & Asbestos Analysis	1996	1,254	31	20	31		629	52
53	Land Improvement - Repaired Water Main	1996	1,002	25	25	25		410	53
54	Remodeled Dining Room - Wallpaper	1996	550		5			550	54
55	Replaced Tile In Bath #1	1996	685	17	20	17		330	55
56	Installed New Fire Door	1996	4,321	108	15	108		2,808	56
57	Wallpaper & Blinds In Dining Room - Adm House	1996	2,136		5			2,136	57
58	Repaired Generator	1996	2,217	55	18	55		1,217	58
59	Replace Piping From Hot Water Heater	1996	603	15	20	15		300	59
60	Wallpaper & Jacks In Master Bedroom - Adm House	1997	785		5			785	60
61	Run New Water Line In Mechanical Room	1997	2,643	66	15	66		1,540	61
62	Installed New Door Alarms In 1995 Addition	1997	1,752	44	10	44		1,488	62
63	Increased Value Of Land - Demolition Of Old House	1997	51,268						63
64	Maintenance Equipment	2003	937	23	10	23		234	64
65	Wallpaper And Tile In Solarium	1997	2,586		5			2,586	65
66	Installed Wallpaper	1997	392	10	20	10		332	66
67	Installed New Water Line	1997	3,336	83	20	83		1,736	67
68	Installed Mop Sink & Ductwork For Furnace	1997	2,508	63	20	63		1,126	68
69	Land Improvement - Removed Trees	1997	860	22	20	22		388	69
70	TOTAL (lines 4 thru 69)		\$ 3,567,811	\$ 78,573		\$ 78,573	\$	\$ 1,675,863	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Illinois Knights Templar Home# 0010058

Report Period Beginning:

8/1/05

Ending:

7/31/06**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		\$ 3,567,811	\$ 78,573		\$ 78,573	\$	\$ 1,675,863	1
2	Replaced Water & Sewer Lines, Sink, Faucet & Countertops	1998	3,511	88	20	88		1,334	2
3	Installed Mini-Blinds in Breakroom	1998	904		5			904	3
4	Land Improvement	1998	3,239		20			3,329	4
5	Land Improvement - Planted Trees	1998	699	17	20	17		256	5
6	Repaired Generator	1998	1,925	48	20	48		704	6
7	Installed Closet Dividers	1998	474	12	15	12		227	7
8	Repaired Roof	1998	633	16	10	16		426	8
9	Installed Oxygen Ventilation System	1998	2,980	75	20	75		1,056	9
10	Installed Carpet	1998	680		5			680	10
11	Land Improvement - Tested & Upgraded Fuel Tank	1998	8,050	201	25	201		2,361	11
12	Landscaping	1998	300		5			300	12
13	Concrete Driveway	1999	8,000	200	10	200		4,800	13
14	Roof Improvements on 1975 Addition	1999	4,776	119	10	119		2,867	14
15	Roof Improvements on 1988 Dining Room Addition	1999	10,528	263	10	263		6,318	15
16	Pavillion	1999	14,214	355	25	355		3,270	16
17	Electric Improvements on the 1995 Addition	1999	4,762	119	20	119		1,309	17
18	Kitchen Fire System	1999	1,797	45	10	45		900	18
19	Pavillion Lights	2000	1,235	31	10	31		620	19
20	Building Improvement Original Memorial Monument	2000	746	19	40	19		145	20
21	Building Improvement Original BTU Heat Pump	2000	1,988	50	40	50		300	21
22	Building Improvements 1988 New Wander Guard System	2000	11,990	300	40	300		1,800	22
23	Land Improvement Sidewalk and Pad	2001	2,300	58	15	58		728	23
24	Building Improvement 1975 PTAC Chassis	2002	25,807	645	40	645		3,225	24
25	Garage Door	2002	675	17	10	17		238	25
26	Building Improvements - Handrails	2002	1,480	37	10	37		518	26
27	Water Heater	2002	2,378	59	10	59		832	27
28	Smoke Damper	2002	605	15	10	15		219	28
29	Transformer	2002	206	5	10	5		73	29
30	Building Improvements - Roofing	2003	140,166	3504	40	3,504		14,016	30
31	Room Furnishings	2003	1,248	31	10	31		312	31
32	Building Improvements - Original Building	2004	17,366	434	40	434		1,302	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,843,473	\$ 85,336		\$ 85,336	\$	\$ 1,731,232	34

SEE ACCOUNTANTS' COMPILATION REPORT

**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 12B, Carried Forward		\$ 3,843,473	\$ 85,336		\$ 85,336	\$	\$ 1,731,232	1
2	PTAC Unit	2004	2,848	71	40	71		142	2
3	Door	2005	1,806	15	40	15		30	3
4	Water supply & pipe	2005	1,500	12	40	12		24	4
5	PTAC Unit	2005	586	9	40	9		9	5
6	Handrail	2006	1,156	10	40	10		10	6
7	PTAC Unit	2006	562	7	40	7		7	7
8	PTAC Unit	2006	570	7	40	7		7	8
9	Door	2006	4,780	10	40	10		10	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	TOTAL (lines 1 thru 33)		\$ 3,857,281	\$ 85,477		\$ 85,477	\$	\$ 1,731,471	34

SEE ACCOUNTANTS' COMPILATION REPORT

**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	\$ 648,782	\$ 56,034	\$ 56,034	\$	10	\$ 617,152	71
72	Current Year Purchases	45,478	2,616	2,616		10	2,616	72
73	Fully Depreciated Assets	144,110					144,110	73
74								74
75	TOTALS	\$ 838,370	\$ 58,650	\$ 58,650	\$		\$ 763,878	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-Patient Car	Ford Aerotech,1980	1980	\$ 35,800	\$	\$	\$		\$ 35,800	76
77	Facility-Maintenance	Chevy S-10,1988	1988	10,077					10,077	77
78	Facility-Patient Car	Buick Century,1993	1993	14,491					14,491	78
79										79
80	TOTALS			\$ 60,368	\$	\$	\$		\$ 60,368	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)	\$ 4,782,223	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 144,127	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 144,127	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 2,555,717	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	Townhouse 1975	\$ 109,034	\$ 2,726	\$ 80,212	86
87	Congregate Living Units, 1998	405,870	10,147	288,946	87
88					88
89					89
90					90
91	TOTALS	\$ 514,904	\$ 12,873	\$ 369,158	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93	N/A		93
94			94
95		\$	95

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

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? YES NO

If NO, see instructions.

		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:	<u>N/A</u>			\$			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. N/A

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

N/A
N/A

9. Option to Buy: YES NO Terms: N/A *

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: \$ 1,262 Description: Nursing Equipment-612; Maintenance Equipment-650

(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			\$ <u>N/A</u>	\$	17
18	<u>N/A</u>				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.

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?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>It is the policy of this facility to only hire certified nurses aides. 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. CLASSROOM PORTION:</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. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------

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.
- SEE ACCOUNTANTS' COMPILATION REPORT**

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	10A(3)	hrs	\$	1,282	\$ 74,525	\$	1,282	\$ 74,525	1
2	Licensed Speech and Language Development Therapist	10A(3)	hrs		92	7,493		92	7,493	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10A(2,3)	hrs		1,069	71,846	1,431	1,069	73,277	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				39,422		39,422	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify):									13
14	TOTAL			\$	2,443	\$ 153,864	\$ 40,853	2,443	\$ 194,717	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Illinois Knights Templar Home

0010058

Report Period Beginning: 8/1/05

Ending:

7/31/06

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 7/31/06

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 108,819	\$ 108,819	1
2	Cash-Patient Deposits	7,666	7,666	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 143,000)	1,082,165	1,082,165	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	6,662	6,662	6
7	Other Prepaid Expenses	39,058	39,058	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,244,370	\$ 1,244,370	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	82,951	26,204	13
14	Buildings, at Historical Cost	3,877,658	3,816,240	14
15	Leasehold Improvements, at Historical Cost	41,041	41,041	15
16	Equipment, at Historical Cost	767,019	898,738	16
17	Accumulated Depreciation (book methods)	(2,492,473)	(2,555,717)	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): <u>Net F/A - CLU & Townhomes</u>	154,564	145,746	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,430,760	\$ 2,372,252	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,675,130	\$ 3,616,622	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 78,861	\$ 78,861	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	7,666	7,666	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	137,997	137,997	30
31	Accrued Taxes Payable (excluding real estate taxes)	15,579	15,579	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>See attached Schedule 17A</u>	215,955	215,955	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 456,058	\$ 456,058	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)	\$ 456,058	\$ 456,058	46
47	TOTAL EQUITY (page 18, line 24)	\$ 3,219,072	\$ 3,160,564	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 3,675,130	\$ 3,616,622	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

Illinois Knights Templar Home

Provider #: 0010058

8/1/2005 to 7/31/2006

Schedule 17A

XV. Balance Sheet

Line 36: Other Current Liabilities

<u>Description</u>	<u>Operating</u>	<u>After Consolidation</u>
Security deposit	9,105	9,105
Employee insurance	9,628	9,628
Accrued legal expenses	16,434	16,434
Other accrued expenses	180,788	180,788
	<hr/>	<hr/>
	215,955	215,955
	<hr/> <hr/>	<hr/> <hr/>

See Accountants' Compilation Report

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 2,868,332	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 2,868,332	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(227,386)	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)	\$ (227,386)	17
	B. Transfers (Itemize):		
18	Administrative Fund Transfer	578,126	18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ 578,126	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 3,219,072	24 *

Operating Entity Only

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

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	\$ 3,532,929	1
2	Discounts and Allowances for all Levels	(698,656)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 2,834,273	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	561,498	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 561,498	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	12,162	13
14	Non-Patient Meals	2,523	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	34,309	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	1,882	19
20	Radiology and X-Ray		20
21	Other Medical Services	94,598	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 145,474	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***		25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Schedule 19A</u>	132,351	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 132,351	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 3,673,596	30

2

Expenses		Amount	
A. Operating Expenses			
31	General Services	860,645	31
32	Health Care	1,364,265	32
33	General Administration	1,239,822	33
B. Capital Expense			
34	Ownership	145,389	34
C. Ancillary Expense			
35	Special Cost Centers	249,798	35
36	Provider Participation Fee	41,063	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 3,900,982	40
41	Income before Income Taxes (line 30 minus line 40)**	(227,386)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (227,386)	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. SEE ACCOUNTANTS' COMPILATION REPORT

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

Illinois Knights Templar Home

Provider #:

8/1/2005

to

0010058

7/31/2006

Schedule 19A

XVII. Income Statement

Line 28: Other Revenue

Monthly service fees-townhomes & CLU's	121,623
Clearing account	5,208
Contributions	325
Banquet and pilgrimage	2,818
Miscellaneous income	2,377
	<hr/>
	<u>132,351</u>

See Accountants' Compilation Report

Facility Name & ID Number Illinois Knights Templar Home

0010058

Report Period Beginning:

8/1/05

Ending:

7/31/06

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	1,952	2,088	\$ 53,712	\$ 25.72	1
2	Assistant Director of Nursing	830	1,054	22,039	20.91	2
3	Registered Nurses	8,112	8,660	190,101	21.95	3
4	Licensed Practical Nurses	8,219	9,211	166,955	18.13	4
5	CNAs & Orderlies	39,245	42,881	443,799	10.35	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	6,594	7,126	69,144	9.70	10
11	Social Service Workers	2,220	2,442	33,964	13.91	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	21,965	24,341	267,175	10.98	15
16	Dishwashers					16
17	Maintenance Workers	5,603	6,307	97,761	15.50	17
18	Housekeepers	13,157	14,698	140,564	9.56	18
19	Laundry	4,186	4,354	46,650	10.71	19
20	Administrator	2,000	2,080	59,916	28.81	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	7,229	8,341	136,781	16.40	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	2,374	2,566	21,449	8.36	31
32	Other Health C: See Sch 20A	2,151	2,333	45,971	19.70	32
33	Other(specify) See Sch 20A	1,900	2,134	21,516	10.08	33
34	TOTAL (lines 1 - 33)	127,737	140,616	\$ 1,817,497 *	\$ 12.93	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	96	\$ 4,180	1(3)	35
36	Medical Director	monthly	8,400	9(3)	36
37	Medical Records Consultant	67	3,708	10(3)	37
38	Nurse Consultant				38
39	Pharmacist Consultant	36	1,980	10(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	48	2,829	11(3)	44
45	Social Service Consultant	48	3,073	12(3)	45
46	Other(specify) <u>Quality Assurance</u>	16	1,200	21(3)	46
47					47
48					48
49	TOTAL (lines 35 - 48)	311	\$ 25,370		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	389	\$ 15,568	10(3)	50
51	Licensed Practical Nurses	428	17,139	10(3)	51
52	Certified Nurse Assistants/Aides	514	13,367	10(3)	52
53	TOTAL (lines 50 - 52)	1,332	\$ 46,074		53

SEE ACCOUNTANTS' COMPILATION REPORT

Illinois Knights Templar Home

Provider #: 0010058

8/1/2005 to 7/31/2006

Schedule 20A

XVIII: A

Line 32 Other Healthcare (specify):

Description	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Total Salaries, Wages	Average Hourly Rate
MDS Coordinator	1,330	1,430	32,839.00	22.96
Program Transportation	821	903	13,132.00	14.54
	<u>2,151</u>	<u>2,333</u>	<u>45,971.00</u>	<u>19.70</u>

XVIII: A

Line 33 Other (specify):

Description	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Total Salaries, Wages	Average Hourly Rate
Barber and Beauty	1,560	1,760	17,886.00	10.16
Independent Living	340	374	3,630.00	9.71
	<u>1,900</u>	<u>2,134</u>	<u>21,516.00</u>	<u>10.08</u>

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number **Illinois Knights Templar Home**

0010058

Report Period Beginning: **8/1/05**

Ending: **7/31/06**

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Kathy Swan	Administrator	0	\$ 59,916	Workers' Compensation Insurance	\$ 77,478	IDPH License Fee	\$ 1,135	
				Unemployment Compensation Insurance	18,887	Advertising: Employee Recruitment	11,003	
				FICA Taxes	134,013	Health Care Worker Background Check		
				Employee Health Insurance	389,891	(Indicate # of checks performed <u>35</u>)	350	
				Employee Meals		Patient Background Checks	1,040	
				Illinois Municipal Retirement Fund (IMRF)*		Life Services Network of IL	2,682	
				Employer Pension Contribution	83,116	AAHSA membership dues	916	
TOTAL (agree to Schedule V, line 17, col. 1)						Misc Dues and Subscriptions	1,362	
(List each licensed administrator separately.)			\$ 59,916			Misc License Fees	376	
B. Administrative - Other							Disallow Chamber of Commerce & Rotary	
Description			Amount				(210)	
			\$				Less: Public Relations Expense ()	
							Non-allowable advertising ()	
							Yellow page advertising ()	
				TOTAL (agree to Schedule V, line 22, col.8)			\$ 703,385	
TOTAL (agree to Schedule V, line 17, col. 3)			\$				TOTAL (agree to Sch. V, line 20, col. 8)	
(Attach a copy of any management service agreement)							\$ 18,654	
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Vendor/Payee	Type	Amount	Description	Line #	Amount	Description	Amount	
Duane Morris LLP	Legal Fees	\$ 76,014	N/A		\$	Out-of-State Travel	\$	
Martensen, Niemann & Luebchow	Legal Fees	190						
Ferry & Associates	Architectural	156				In-State Travel		
RSM McGladrey	Accounting	27,220				See attached	5,099	
Lawrence Travis	Accounting	108						
Altschuler Melvoin & Glasser LLP	Accounting	23,800				Seminar Expense		
Accu-Med Services	Computer Services	6,575				See attached	4,295	
Conxxus, LLC	Computer Services	800						
WDM Computer Services	Data Processing	7,225				Entertainment Expense ()		
McKesson Medical	Data Processing	1,000				(agree to Sch. V, line 24, col. 8)		
Fiorillo and Associate	Data Processing	1,080						
Ribbon Rail	Computer Services	150						
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL				
(If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 144,318					

* Attach copy of IMRF notifications
SEE ACCOUNTANTS' COMPILATION REPORT

**See instructions.

Illinois Knights Templar Home

Provider #: 0010058

8/1/2005 to 7/31/2006

Schedule 21A

XIX. SUPPORT SCHEDULE

C. Professional Services

Total (agree to Schedule V, line 19, column 3)	144,318
Disallowed out of period legal fees	(225)
Total (agree to Schedule V, line 19, column 8)	<u>144,093</u>

SEE ACCOUNTANTS' COMPILATION REPORT

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

(See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13								
													Amount of Expense Amortized Per Year							
													Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2003	FY2004	FY2005	FY2006
1		\$		\$	\$	\$	\$ N/A	\$	\$	\$	\$	\$								
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
12																				
13																				
14																				
15																				
16																				
17																				
18																				
19																				
20	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$								

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Illinois Knights Templar Home# 0010058

Report Period Beginning:

8/1/05

Ending:

7/31/06**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. Life Services Network-\$2,682; AAHSA \$916
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 22,160 Line 10(2)
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES x NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO x If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 41,063
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.

SEE ACCOUNTANTS' COMPILATION REPORT

- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 4,848
- (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. \$ 0
- c. What percent of all travel expense relates to transportation of nurses and patients? 74%
- d. Have vehicle usage logs been maintained? Adequate records have been maintained.
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
- g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: Altschuler, Melvoin & Glasser, LLP The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? No If no, please explain. Not yet available
- (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