

Facility Name & ID Number Illinois Knights Templar Home

0010058 Report Period Beginning: 08/01/2006 Ending: 07/31/2007

III. STATISTICAL DATA

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

	1	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	75	Skilled (SNF)	75	27,375	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	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				
		Medicaid Recipient	Private Pay	Other		Total
8	SNF	12,297	12,812	1,627	26,736	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	12,297	12,812	1,627	26,736	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 97.67%

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 Note: 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 08/01/1954

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 1,627

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

Is your fiscal year identical to your tax year YES NO

Tax Year: 07/31/07 Fiscal Year: 07/31/07

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

STATE OF ILLINOIS

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Facility Name & ID Number Illinois Knights Templar Home # 0010058 Report Period Beginning: 08/01/2006 Ending: 07/31/2007

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 BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
1	A. General Services										
1	Dietary	271,112	14,400	22,690	308,202		308,202		308,202		1
2	Food Purchase		143,899		143,899		143,899	(4,699)	139,200		2
3	Housekeeping	137,155	14,486		151,641		151,641		151,641		3
4	Laundry	49,597	10,492	3,837	63,926		63,926		63,926		4
5	Heat and Other Utilities			94,921	94,921		94,921		94,921		5
6	Maintenance	95,297	13,735	113,682	222,714		222,714	(24,469)	198,245		6
7	Other (specify):*										7
8	TOTAL General Services	553,161	197,012	235,130	985,303		985,303	(29,168)	956,135		8
	B. Health Care and Programs										
9	Medical Director			8,400	8,400		8,400		8,400		9
10	Nursing and Medical Records	1,014,017	99,378	8,621	1,122,016		1,122,016		1,122,016		10
10a	Therapy		1,251	205,607	206,858		206,858		206,858		10a
11	Activities	66,338	3,753	2,872	72,963		72,963		72,963		11
12	Social Services	34,347	68	2,872	37,287		37,287		37,287		12
13	CNA Training										13
14	Program Transportation	13,845			13,845		13,845		13,845		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	1,128,547	104,450	228,372	1,461,369		1,461,369		1,461,369		16
	C. General Administration										
17	Administrative	62,103			62,103		62,103		62,103		17
18	Directors Fees										18
19	Professional Services			153,531	153,531		153,531		153,531		19
20	Dues, Fees, Subscriptions & Promotion			15,007	15,007		15,007	746	15,753		20
21	Clerical & General Office Expense	139,884	54,958	1,823	196,665		196,665	(3,450)	193,215		21
22	Employee Benefits & Payroll Tax			734,558	734,558		734,558	(1,110)	733,448		22
23	Inservice Training & Education			3,081	3,081		3,081		3,081		23
24	Travel and Seminars			7,177	7,177		7,177		7,177		24
25	Other Admin. Staff Transportation			9,587	9,587		9,587		9,587		25
26	Insurance-Prop.Liab.Malpractice			100,676	100,676		100,676		100,676		26
27	Other (specify):*										27
28	TOTAL General Administration	201,987	54,958	1,025,440	1,282,385		1,282,385	(3,814)	1,278,571		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	1,883,695	356,420	1,488,942	3,729,057		3,729,057	(32,982)	3,696,075		29

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Illinois Knights Templar Home

#0010058

Report Period Beginning: 08/01/2006 Ending: 07/31/2007

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7**	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			126,393	126,393		126,393	22,751	149,144			30
31	Amortization of Pre-Op. & Org											31
32	Interest											32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicle:			6,499	6,499		6,499		6,499			35
36	Other (specify): ³											36
37	TOTAL Ownership			132,892	132,892		132,892	22,751	155,643			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportatior											38
39	Ancillary Service Center:		36,294		36,294		36,294		36,294			39
40	Barber and Beauty Shops	19,645	1,737	1,306	22,688		22,688		22,688			40
41	Coffee and Gift Shop:											41
42	Provider Participation Fee			41,063	41,063		41,063		41,063			42
43	Other (specify): ³ Non-allowable Cos	19,620	2,111	181,712	203,443		203,443	(203,443)				43
44	TOTAL Special Cost Centers	39,265	40,142	224,081	303,488		303,488	(203,443)	100,045			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	1,922,960	396,562	1,845,915	4,165,437		4,165,437	(213,674)	3,951,763			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: 08/01/2006

Ending: 07/31/2007

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	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Program				3
4	Non-Patient Meals	(2,063)	2		4
5	Telephone, TV & Radio in Resident Room	(5,417)	43		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patient				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	22,751	30		9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refund				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 Transaction				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(1,010)	43		18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainer				22
23	Malpractice Insurance for Individual				23
24	Bad Debt	(46,601)	43		24
25	Fund Raising, Advertising and Promotions				25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employee				27
28	Yellow Page Advertising	(9,015)	43		28
29	Other-Attach Schedule See Pg. 5A	(172,319)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (213,674)		\$	30

BHF USE ONLY						
48		49		50	51	52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below. (See instructions.)

		1	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)	\$ (213,674)		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 Shop		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

SEE ACCOUNTANTS' COMPILATION REPORT

Illinois Knights Templar Home

ID# 0010058

Report Period Beginning: 08/01/2006

Ending: 07/31/2007

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Laboratory Outside Services	\$ (57,455)	43	1
2	Seasonal Mailer Expense	(4,357)	43	2
3	Disallow volunteer appreciation expense	(612)	43	3
4	Disallow Marketing Promotional Items	(4,826)	43	4
5	Disallow Marketing Miscellaneous Expense	(2,428)	43	5
6	Disallow Marketing Travel Expense	(796)	43	6
7	Disallow Marketing Funeral Expense	(854)	43	7
8	Disallow Chamber of Commerce & Rotary dues	(364)	43	8
9	Disallow Townhouse expenses	(16,000)	43	9
10	Disallow CLU expenses	(51,266)	43	10
11	Disallow Rental House Expense	(2,806)	43	11
12	Offset Banquet revenue against Banquet expense	(509)	21	12
13	Offset Banquet revenue against Banquet expense	(2,636)	2	13
14	Offset misc. revenue against misc. expense	(2,941)	21	14
15				15
16	Reclass assets to R&M per HFS instructions	(24,469)	6	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	(172,319)		49

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Illinois Knights Templar Home

0010058

Report Period Beginning:

08/01/2006

Ending:

07/31/2007

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	(4,699)	0	0	0	0	0	0	0	0	0	0	(4,699)	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	(24,469)	0	0	0	0	0	0	0	0	0	0	(24,469)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(29,168)	0	0	0	0	0	0	0	0	0	0	(29,168)	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	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	(3,450)	0	0	0	0	0	0	0	0	0	0	(3,450)	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	(3,450)	0	0	0	0	0	0	0	0	0	0	(3,450)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(32,618)	0	0	0	0	0	0	0	0	0	0	(32,618)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Illinois Knights Templar Home# 0010058

Report Period Beginning:

08/01/2006 Ending:

07/31/2007

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)
	D. Ownership												
30	Depreciation	22,751	0	0	0	0	0	0	0	0	0	0	22,751 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	22,751	0	0	0	0	0	0	0	0	0	0	22,751 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):*	(203,807)	0	0	0	0	0	0	0	0	0	0	(203,807) 43
44	TOTAL Special Cost Centers	(203,807)	0	0	0	0	0	0	0	0	0	0	(203,807) 44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(213,674)	0	0	0	0	0	0	0	0	0	0	(213,674) 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		\$			\$	\$	1
2	V			N/A				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: 08/01/2006 Ending: 07/31/2007

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									\$		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: 08/01/2006 Ending: 7/31/2007

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 N/A
 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			N/A						6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Illinois Knights Templar Home # 0010058 Report Period Beginning: 08/01/2006 Ending: 07/31/2007

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		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	N/A						\$	\$			\$	1							
2												2							
3												3							
4												4							
5												5							
	Working Capital																		
6	N/A											6							
7												7							
8												8							
9	TOTAL Facility Related						\$	\$			\$	9							
	B. Non-Facility Related*																		
10	N/A											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. \$ 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.)

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates RE: 2006 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 2006 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2006.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2006 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 2007 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.

2006 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 2006 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 2006.

(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 2006 tax bills which were listed in Section A to this statement. Be sure to use the 2006 tax bill which is normally paid during 2007.

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:

08/01/2006 Ending: 07/31/2007

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 ground (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, et

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: N/A

(Attach a complete schedule detailing the total amount of organization and pre-operating costs)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	<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	<u>127,850</u>		<u>\$ 26,204</u>	<u>3</u>

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Illinois Knights Templar Home

0010058

Report Period Beginning:

08/01/2006 Ending: 07/31/2007

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		680,790	5
6	6		1987	587,238	14,681	40	14,681		308,301	6
7	4		1992	64,239	1,606	40	1,606		25,696	7
8	15		1996	1,292,665	32,317	40	32,317		144,847	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		29,775	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		9,751	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		4,938	22
23	Furnace - Administrators House		1985	1,522		15			1,522	23
24	5 Room Renovation		1988	144,260	3,607	40	3,607		68,533	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		700	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		2,349	32
33	Install New Hot Water Supply		1992	3,039	76	20	76		2,052	33
34	Land Improvement - Cleared Site For Garage		1992	1,540		10			1,540	34
35	Garage		1992	39,976		15			39,976	35
36	Wall Replacement		1993	71,464	1,787	40	1,787		25,017	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:

08/01/2006 Ending: 07/31/2007

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 Tanl	1993	\$ 2,500	\$	10	\$	\$ 2,500		37
38	Roof Insulation	1993	15,800	395	15	395		13,821	38
39	Roof Insulation and Replace Skylight	1993	6,672	167	15	167		5,841	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		4,045	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		554	44
45	Land Improvement - Sidewalk	1994	1,721	43	15	43		1,394	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		4,255	48
49	Land Improvement - Transplanted Tree	1995	275	7	20	7		161	49
50	Replace Fire System	1995	2,915		10			2,915	50
51	Installed New Shower	1996	647	16	10	16		616	51
52	Installed Garage Door & Asbestos Analysis	1996	1,254	31	20	31		660	52
53	Land Improvement - Repaired Water Main	1996	1,002	25	25	25		435	53
54	Remodeled Dining Room - Wallpaper	1996	550		5			550	54
55	Replaced Tile In Bath #1	1996	685	17	20	17		347	55
56	Installed New Fire Door	1996	4,321	108	15	108		2,916	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		1,272	58
59	Replace Piping From Hot Water Heater	1996	603	15	20	15		315	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		1,606	61
62	Installed New Door Alarms In 1995 Addition	1997	1,752	44	10	44		1,532	62
63	Increased Value Of Land - Demolition Of Old House	1997	51,268						63
64	Maintenance Equipment	2003	937	23	10	23		257	64
65	Wallpaper And Tile In Solarium	1997	2,586		5			2,586	65
66	Installed Wallpaper	1997	392	10	20	10		342	66
67	Installed New Water Line	1997	3,336	83	20	83		1,819	67
68	Installed Mop Sink & Ductwork For Furnace	1997	2,508	63	20	63		1,189	68
69	Land Improvement - Removed Tree	1997	860	22	20	22		410	69
70	TOTAL (lines 4 thru 69)		\$ 3,567,811	\$ 77,738		\$ 77,738	\$	\$ 1,753,601	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:

08/01/2006 Ending: 07/31/2007

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	\$ 77,738		\$ 77,738	\$	\$ 1,753,601	1
2	Replaced Water & Sewer Lines, Sink, Faucet & Countertop	1998	3,511	88	20	88		1,422	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		273	5
6	Repaired Generator	1998	1,925	48	20	48		752	6
7	Installed Closet Dividers	1998	474	12	15	12		239	7
8	Repaired Roof	1998	633	16	10	16		442	8
9	Installed Oxygen Ventilation System	1998	2,980	75	20	75		1,131	9
10	Installed Carpet	1998	680		5			680	10
11	Land Improvement - Tested & Upgraded Fuel Tank	1998	8,050	201	25	201		2,562	11
12	Landscaping	1998	300		5			300	12
13	Concrete Driveway	1999	8,000	200	10	200		5,000	13
14	Roof Improvements on 1975 Addition	1999	4,776	119	10	119		2,986	14
15	Roof Improvements on 1988 Dining Room Addition	1999	10,528	263	10	263		6,581	15
16	Pavillion	1999	14,214	355	25	355		3,625	16
17	Electric Improvements on the 1995 Addition	1999	4,762	119	20	119		1,428	17
18	Kitchen Fire System	1999	1,797	45	10	45		945	18
19	Pavillion Lights	2000	1,235	31	10	31		651	19
20	Building Improvement Original Memorial Monumer	2000	746	19	40	19		164	20
21	Building Improvement Original BTU Heat Pump	2000	1,988	50	40	50		350	21
22	Building Improvements 1988 New Wander Guard Svsyten	2000	11,990	300	40	300		2,100	22
23	Land Improvement Sidewalk and Pac	2001	2,300	58	15	58		786	23
24	Building Improvement 1975 PTAC Chassis	2002	25,807	645	40	645		3,870	24
25	Garage Door	2002	675	17	10	17		255	25
26	Building Improvements - Handrail	2002	1,480	37	10	37		555	26
27	Water Heater	2002	2,378	59	10	59		891	27
28	Smoke Damper	2002	605	15	10	15		234	28
29	Transformer	2002	206	5	10	5		78	29
30	Building Improvements - Roofing	2003	140,166	3,504	40	3,504		17,520	30
31	Room Furnishings	2003	1,248	31	10	31		343	31
32	Building Improvements - Original Building	2004	17,366	434	40	434		1,736	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,843,473	\$ 84,501		\$ 84,501	\$	\$ 1,815,733	34

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:

08/01/2006 Ending: 07/31/2007

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	\$ 84,501		\$ 84,501		\$ 1,815,733		1
2	PTAC Unit	2004 2,848	71	40	71		213		2
3	Door	2005 1,806	15	40	15		45		3
4	Water supply & pipe	2005 1,500	12	40	12		36		4
5	PTAC Unit	2005 586	18	40	18		27		5
6	Handrail	2006 1,156	20	40	20		30		6
7	PTAC Unit	2006 562	14	40	14		21		7
8	PTAC Unit	2006 570	14	40	14		21		8
9	Door	2006 4,780	20	40	20		30		9
10									10
11	PTAC Units	2006 7,470	128	40	93	(35)	93		11
12	Wallpaper	2007 2,557	38	40	32	(6)	32		12
13	Carpeting	2007 4,754	30	40	59	29	59		13
14	Blinds	2007 3,700	8	40	46	38	46		14
15	Dishwasher Booster Heater	2007 10,175	127	40	127		127		15
16	Fire Rated Duct Enclosure	2007 9,000		40	113	113	113		16
17	Rebuild Water Softener	2007 2,938		10	147	147	147		17
18	Kitchen floor tile & installatior	2007 6,785		10	339	339	339		18
19	Re-Roof Rent House & Garage	2006 7,418		40	93	93	93		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)	\$ 3,912,078	\$ 85,016		\$ 85,734	\$ 718	\$ 1,817,205		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 instruction

	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	\$ 694,260	\$ 39,554	\$ 61,266	\$ 21,712	10	\$ 681,034	71
72	Current Year Purchases	42,878	1,823	2,144	321	10	2,144	72
73	Fully Depreciated Assets	144,110					144,110	73
74								74
75	TOTALS	\$ 881,248	\$ 41,377	\$ 63,410	\$ 22,033		\$ 827,288	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 Asset

	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)	\$ 4,879,898	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 126,393	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 149,144	83 **
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 22,751	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 2,704,861	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	\$ 82,938	86
87	Congregate Living Units, 1998	419,680	10,320	299,266	87
88					88
89					89
90					90
91	TOTALS	\$ 528,714	\$ 13,046	\$ 382,204	91

G. Construction-in-Progres

	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 1

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:				\$ <u>N/A</u>			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

10. Effective dates of current rental agreement:
 Beginning _____
 Ending _____

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

	Fiscal Year Ending	Annual Rent
12.	<u>/2008</u>	\$ _____
13.	<u>/2009</u>	\$ _____
14.	<u>/2010</u>	\$ _____

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 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: \$ \$ 6,499 Description: Nursing Equipment - \$5,447; Maintenance Equipment - \$942; Office Equipment - \$110
 (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			<u>N/A</u>		18
19					19
20					20
21	TOTAL		\$	\$	21

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

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

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>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. <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>
---	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility			Total
		1	2	3	
		Drop-outs	Completed	Contract	
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wage (c)				
6	Transportation				
7	Contractual Payment:				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefit;
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefit;
- (c) For in-house training programs only. Do not include fringe benefit;
- (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

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	

- (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	1 Schedule V Line & Column Reference	2		3		4		5		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
			Staff		Outside Practitioner (other than consultant)		Units	Cost						
			Units of Service	Cost	Units	Cost								
1	Licensed Occupational Therapist	10A (3)	hrs	\$	1,743	\$ 101,355					1,743	\$ 101,355	1	
2	Licensed Speech and Language Development Therapist	10A (3)	hrs		74	6,061					74	6,061	2	
3	Licensed Recreational Therapist		hrs										3	
4	Licensed Physical Therapist	10A (2,3)	hrs		1,461	98,191		1,251			1,461	99,442	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						36,294			36,294	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			\$	3,278	205,607		37,545			3,278	\$ 243,152	14	

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed 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

STATE OF ILLINOIS

Page 17

Facility Name & ID Number Illinois Knights Templar Home

0010058

Report Period Beginning: 08/01/2006

Ending:

07/31/2007

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 07/31/2007

(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	\$ 216,563	\$ 216,563	1
2	Cash-Patient Deposits	6,525	6,525	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 50,900)	699,877	699,877	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	18,894	18,894	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 941,859	\$ 941,859	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	3,878,228	3,816,240	14
15	Leasehold Improvements, at Historical Cost	57,362	95,838	15
16	Equipment, at Historical Cost	820,922	941,616	16
17	Accumulated Depreciation (book methods)	(2,620,260)	(2,704,861)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
	Accumulated Amortization -			
20	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>	142,969	146,510	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,362,172	\$ 2,321,547	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,304,031	\$ 3,263,406	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 82,101	\$ 82,101	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	6,525	6,525	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	141,981	141,981	30
	Accrued Taxes Payable			
31	(excluding real estate taxes)	17,261	17,261	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>	196,890	196,890	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 444,758	\$ 444,758	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)	\$ 444,758	\$ 444,758	46
47	TOTAL EQUITY(page 18, line 24)	\$ 2,859,273	\$ 2,818,648	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 3,304,031	\$ 3,263,406	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

Illinois Knights Templar Home
Provider #: 0010058
8/1/2006 to 07/31/2007

Schedule 17A

XV. Balance Sheet
Line 36: Other Current Liabilities

<u>Description</u>	<u>Operating</u>	<u>After Consolidation</u>
Security deposit	8,905	8,905
Employee insurance	2,028	2,028
Accrued legal expenses	17,528	17,528
Other accrued expenses	168,429	168,429
	<u>196,890</u>	<u>196,890</u>

See Accountants' Compilation Report

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 3,219,072	1
2	Restatements (describe):		2
3			3
4	Audit Adjustment Subsequent to Preparation of		4
5	Prior Year Cost Report	7,114	5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 3,226,186	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(366,913)	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)	\$ (366,913)	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)	\$ 2,859,273	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Illinois Knights Templar Home

0010058

Report Period Beginning: 08/01/2006

Ending: 07/31/2007

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 expenses.

		1	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 3,459,368	1
2	Discounts and Allowances for all Level	(637,107)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 2,822,261	3
B. Ancillary Revenue			
4	Day Care	1,860	4
5	Other Care for Outpatients		5
6	Therapy	606,745	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 608,605	8
C. Other Operating Revenue			
9	Payments for Educator		9
10	Other Government Grants		10
11	CNA Training Reimbursement		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	15,196	13
14	Non-Patient Meals	2,063	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	30,826	17
18	Sale of Supplies to Non-Patient		18
19	Laboratory	4,855	19
20	Radiology and X-Ray		20
21	Other Medical Services	170,844	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 223,784	23
D. Non-Operating Revenue			
24	Contributions	2,345	24
25	Interest and Other Investment Income**	8	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 2,353	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Schedule 19A</u>	141,521	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 141,521	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 3,798,524	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	985,303	31
32	Health Care	1,461,369	32
33	General Administrator	1,282,385	33
B. Capital Expense			
34	Ownership	132,892	34
C. Ancillary Expense			
35	Special Cost Centers	262,425	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)*	\$ 4,165,437	40
41	Income before Income Taxes (line 30 minus line 40)**	(366,913)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (366,913)	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 #: 0010058
8/1/2006 to 7/31/2007

Schedule 19A

XVII. Income Statement
Line 27: Other Revenue

Monthly service fees-townhomes & CLU's	113,218
Transportation Income - Private	13,313
Clearing account	4,722
Recovered Write-Offs	4,182
Banquet and pilgrimage	3,145
Miscellaneous income	2,941
	<hr/>
	<u>141,521</u>

See Accountants' Compilation Report

Facility Name & ID Number Illinois Knights Templar Home

0010058

Report Period Beginning: 08/01/2006

Ending:

07/31/2007

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	1,832	2,088	\$ 56,704	\$ 27.16	1
2	Assistant Director of Nursing					2
3	Registered Nurses	11,238	12,260	217,659	17.75	3
4	Licensed Practical Nurses	8,369	9,370	176,011	18.78	4
5	CNAs & Orderlies	43,562	46,985	487,978	10.39	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	5,642	6,025	66,338	11.01	10
11	Social Service Worker	3,054	3,468	34,347	9.90	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	21,702	23,469	271,112	11.55	15
16	Dishwashers					16
17	Maintenance Worker	5,711	6,083	95,297	15.67	17
18	Housekeepers	13,149	14,197	137,155	9.66	18
19	Laundry	4,274	4,424	49,597	11.21	19
20	Administrator	2,000	2,080	62,103	29.86	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	6,953	8,330	139,884	16.79	24
25	Vocational Instructor					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	1,866	2,058	17,769	8.63	31
32	Other Health C: See Sch 20A	4,303	4,501	71,741	15.94	32
33	Other(specify) See Sch 20A	3,272	3,626	39,265	10.83	33
34	TOTAL (lines 1 - 33)	136,927	148,964	\$ 1,922,960 *	\$ 12.91	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	190	\$ 7,649	1(3)	35
36	Medical Director				36
37	Medical Records Consultant	32	1,654	10(3)	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	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	50	2,872	11(3)	44
45	Social Service Consultant	48	2,872	12(3)	45
46	Other(specify) Quality Assurance	18	1,350	21(3)	46
47					47
48					48
49	TOTAL (lines 35 - 48)	338	\$ 18,377		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	12	\$ 531	10(3)	50
51	Licensed Practical Nurses	6	226	10(3)	51
52	Certified Nurse Assistants/Aides	190	4,229	10(3)	52
53	TOTAL (lines 50 - 52)	208	\$ 4,986		53

SEE ACCOUNTANTS' COMPILATION REPORT

Illinois Knights Templar Home
 Provider #: 0010058
 8/1/2006 to 7/31/2007

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	1,928	2,088	48,568.00	23.26
Unit Coordinator	1,134	1,172	9,328.00	7.96
Program Transportation	1,241	1,241	13,845.00	11.16
	<u>4,303</u>	<u>4,501</u>	<u>71,741.00</u>	<u>15.94</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	1,697	1,857	19,645.00	10.58
Independent Living	1,575	1,769	19,620.00	11.09
	<u>3,272</u>	<u>3,626</u>	<u>39,265.00</u>	<u>10.83</u>

SEE ACCOUNTANTS' COMPILATION REPORT

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	\$ 62,103	Workers' Compensation Insurance	\$ 77,449	IDPH License Fee	\$ 1,990		
				Unemployment Compensation Insurance	26,526	Advertising: Employee Recruitment	7,415		
				FICA Taxes	145,517	Health Care Worker Background Check			
				Employee Health Insurance	412,341	(Indicate # of checks performed <u>49</u>)	490		
				Employee Meals		Patient Background Checks	<u>62</u> 620		
				Illinois Municipal Retirement Fund (IMRF)*		Illinois Nursing Home Association	100		
				Employer Pension Contributions	62,144	Life Services Network	3,551		
				Other Employee Benefits	9,471	Miscellaneous Dues & Subscriptions	1,369		
						Miscellaneous Licenses & Fees	364		
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 62,103			Ford/Iroquois Public Health Department	218		
B. Administrative - Other						Less: Public Relations Expense	(364)		
Description			Amount			Non-allowable advertising	()		
N/A			\$			Yellow page advertising	()		
TOTAL (agree to Schedule V, line 17, col. 3)			\$						
(Attach a copy of any management service agreement)									
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	
			\$			\$	Out-of-State Travel	\$	
See Schedule 21A			153,531	N/A					
							In-State Travel		
							Seminar Expense		
							See Attached Schedule	7,177	
							Entertainment Expense	()	
TOTAL (agree to Schedule V, line 19, column 3)			\$ 153,531	TOTAL		\$	(agree to Sch. V, line 24, col. 8)		
(If total legal fees exceed \$5,000, attach copy of invoices.)							TOTAL	\$ 7,177	

* Attach copy of IMRF notifications
 **See instructions.
 SEE ACCOUNTANTS' COMPILATION REPORT

Illinois Knights Templar Home

Provider #:

0010058

8/1/2006 to 7/31/2007

Schedule 21A

XIX. SUPPORT SCHEDULES

C. Professional Services

<u>Vendor/Payee</u>	<u>Type</u>	<u>Amount</u>
Moore Surveying	Surveying Services	340
Conxxus	Computer Services	959
Accu Med	Computer Services	6,740
Fiorillo & Associates	Computer Services	750
Ribbon Rail	Computer Services	890
Ivans	Computer Services	72
Duane Morris	Legal Services	98,434
Martensen, Niemann	Legal Services	50
McGladrey & Pullen LLP	Accounting Services	24,628
RSM McGladrey	Accounting Services	7,246
WDM Computer Services	Data Processing	7,200
E Health	Data Processing	5,072
McKesson Medical	Data Processing	850
Fiorillo & Associates	Data Processing	300

TOTAL (agree to Schedule V, line 19, column 3)

153,531

(If total legal fees exceed \$5,000, attach copy of invoices.)

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

	1 Improvement Type	2 Month & Year Improvement Was Made	3 Total Cost	4 Useful Life	8 Amount of Expense Amortized Per Year								
					5 FY2004	6 FY2005	7 FY2006	9 FY2007	10 FY2008	11 FY2009	12 FY2010	13 FY2011	13 FY2012
1			\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2								N/A					
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

RECONCILIATION REPORT

Illinois Knights Templar

11:29 AM 12/27/2007

ITEM	Value 1		Value 2		RESULTS	COMPARE CEL	SUB-	LINE	COL.	SUB-	LINE	COL.	
	Cond.		Cond.	Difference			SCHED.	NO.	NO.		WITH CELL	SCHED.	NO.
Adjustment Detail	-213,674	equal to	-213,674	0	O.K.	Pg5 Z22	B.	37	1	Pg4 K29	N/A	45	7
Interest Expense	0	equal to	0	0	O.K.	Pg9 P34	A.	15	10	Pg4 L13	N/A	32	8
Real Estate Tax Expenses	0	equal to	0	0	O.K.	Pg10 W24	B.	5	N/A	Pg4 L14	N/A	33	8
Amortization exp. Pre-opening & org.	N/A	equal to	0	#VALUE!	#VALUE!	Pg11 I33	E.	3	N/A	Pg4 L12	N/A	31	8
Ownership Costs-Depreciation	149,144	equal to	149,144	0	O.K.	Pg13 Y28	E.	49	2	Pg4 L11	N/A	30	8
Rental Costs A	0	equal to	0	0	O.K.	Pg14 L20+N22	A.	7 + 8	4+N/A	Pg4 L15	N/A	34	8
Rental Costs B	6,499	equal to	6,499	0	O.K.	Pg14 J30+N40	B.+ C.	16+21	N/A+4	Pg4 L16	N/A	35	8
Nurse Aid Training Prog.	0	equal to	0	0	O.K.	Pg15 L36	B.	10	1	Pg3 L23	N/A	13	8
Special Serv.- Staff Wages	0	equal to	0	0	O.K.	Pg16 N32	N/A	14	3	Pg4 E22	N/A	39	1
Therapy Services	206,858	equal to	206,858	0	O.K.	Pg16 Z12+Z14.	N/A/B	1-4;40-43	8:2	Pg3 H20	N/A	10a	4
Special Serv.- Supplies	37,545	equal to	37,545	0	O.K.	Pg16 V32	N/A	14	6	Pg4 F22 + Pg 3	N/A	39.10a	2
Income Stat. General Serv.	985,303	equal to	985,303	0	O.K.	Pg19 P11	N/A	31	2	Pg3 H16	N/A	8	4
Income Stat. Health Care	1,461,369	equal to	1,461,369	0	O.K.	Pg19 P12	N/A	32	2	Pg3 H26	N/A	16	4
Income Stat. Administration	1,282,385	equal to	1,282,385	0	O.K.	Pg19 P13	N/A	33	2	Pg3 H39	N/A	28	4
Income Stat. Ownership	132,892	equal to	132,892	0	O.K.	Pg19 P15	N/A	34	2	Pg4 H18	N/A	37	4
Income Stat. Special Cost Ctr	262,425	equal to	262,425	0	O.K.	Pg19 P17	N/A	35	2	Pg4 H21..H24+i	N/A	38to41+43	4
Income Stat. Prov. Partic.	41,063	equal to	41,063	0	O.K.	Pg19 P18	N/A	36	2	Pg4 H25	N/A	42	4
Staff- Nursing	956,121	equal to	1,014,017	-57,896	FAILED	Pg20 K11..K15+	A.	1-5.24.25.27-30	3	Pg3 E19	N/A	10	1
Staff- Nurse aide Training	0	< or = to	0	0	O.K.	Pg20 K16	A.	6	3	Pg3 E23	N/A	13	1
Staff-Licensed Therapist	0	equal to	0	0	O.K.	Pg20 K17	A.	7	3	Pg4 E22	N/A	39	1
Staff- Activities	66,338	equal to	66,338	0	O.K.	Pg20 K19+K20	A.	9-10	3	Pg3 E21	N/A	11	1
Staff- Social Serv. Workers	34,347	equal to	34,347	0	O.K.	Pg20 K21	A.	11	3	Pg3 E22	N/A	12	1
Staff- Dietary	271,112	equal to	271,112	0	O.K.	Pg20 K22..K26	A.	16-Dec	3	Pg3 E9	N/A	1	1
Staff- Maintenance	95,297	equal to	95,297	0	O.K.	Pg20 K27	A.	17	3	Pg3 E14	N/A	6	1
Staff- Housekeeping	137,155	equal to	137,155	0	O.K.	Pg20 K28	A.	18	3	Pg3 E11	N/A	3	1
Staff- Laundry	49,597	equal to	49,597	0	O.K.	Pg20 K29	A.	19	3	Pg3 E12	N/A	4	1
Staff- Administrative	62,103	equal to	62,103	0	O.K.	Pg20 K30..K32	A.	20-22	3	Pg3 E28	N/A	17	1
Staff- Clerical	139,884	equal to	139,884	0	O.K.	Pg20 K33..K34	A.	23+24	3	Pg3 E32	N/A	21	1
Staff- Medical Director	0	equal to	0	0	O.K.	Pg20 K37	A.	27	3	Pg3 E18	N/A	9	1
Total Salaries And Wages	1,922,960	equal to	1,922,960	0	O.K.	Pg20 K44	A.	34	3	Pg4 E29	N/A	45	1
Dietary Consultant	7,649	< or = to	22,690	-15,041	O.K.	Pg20 X12	B.	35	2	Pg3 G9	N/A	1	3
Medical Director	0	< or = to	8,400	-8,400	O.K.	Pg20 X13	B.	36	2	Pg3 G18	N/A	9	3
Consultants & contractors	8,620	< or = to	8,621	-1	O.K.	Pg20 X14..X16+	B. & C.	17to39 and 50to6	2	Pg3 G19	N/A	10	3
Activity Consultant	2,872	< or = to	2,872	0	O.K.	Pg20 X21	B.	44	2	Pg3 G21	N/A	11	3
Social Service Consultant	2,872	< or = to	2,872	0	O.K.	Pg20 X22	B.	45	2	Pg3 G22	N/A	12	3
Supp. Sched.- Admin. Salar.	62,103	equal to	62,103	0	O.K.	Pg21 I16	A.	N/A	N/A	Pg3 E28	N/A	17	1
Supp. Sched.- Admin. Other	0	equal to	0	0	O.K.	Pg21 I24	B.	N/A	N/A	Pg3 G28	N/A	17	3
Supp. Sched.- Prof. Serv.	153,531	equal to	153,531	0	O.K.	Pg21 I41	C.	N/A	N/A	Pg3 G30	N/A	19	3
Supp. Sched.- Benefit/Taxes	733,448	equal to	733,448	0	O.K.	Pg21 P22	D.	N/A	N/A	Pg3 L33	N/A	22	8
Supp. Sched.- Sched of dues..	15,753	equal to	15,753	0	O.K.	Pg21 V22	F.	N/A	N/A	Pg3 L31	N/A	20	8
Supp. Sched.- Sched. of trav	7,177	equal to	7,177	0	O.K.	Pg21 V41	G.	N/A	N/A	Pg3 L35	N/A	24	8
Gen. Info - Particip. Fees	41,063	equal to	41,063	0	O.K.	Pg23 I38	N/A	11	N/A	Pg4 G25	N/A	42	3
Gen. Info - Employee Meals	0	< or = to	-1,110	1,110	FAILED	Pg23 S16	N/A	16	N/A	Pg3 K33	N/A	2 & 22	7
Gen. Info - Employee Meals	0	equal to	0	0	O.K.	Pg23 S16	N/A	16	N/A	Pg21 P12	D.	N/A	N/A
Nurse aide training	0	equal to	0	0	O.K.	Pg15 U29..U31	B.	3, 4 & 5	4	Pg3 E23	N/A	13	1
Days of medicare provided	1,627	equal to	1,627	0	O.K.	Pg2 AB29	K.	N/A	N/A	Pg2 J30	B.	8	4
Adjustment for related org. costs	0	equal to	0	#VALUE!	#VALUE!	Pg5 Z18	B.	34	1	Pg6 to Pg 6l Y4	B.	14	8
Total loan balance	0	equal to	0	0	O.K.	Pg9 L34	A.	15	7	Pg17 V13+V27.	N/A	29+39-41	2
Real estate tax accrual	0	equal to	0	0	O.K.	Pg10 W15	B.	4	N/A	Pg17 V17	N/A	32	2
Land	26,204	equal to	26,204	0	O.K.	Pg11 T43	A.	3	4	Pg17 K25	N/A	13	2
Building cost	3,912,078	equal to	3,912,078	0	O.K.	Pg12 to 12l L43	B.	36	4	Pg17 K26+K27	N/A	14 & 15	2
Equipment and vehicle cost	941,616	equal to	941,616	0	O.K.	Pg13 O22+L13	C.& D.	41 + 46	1 + 4	Pg17 K28	N/A	16	2
Accumulated depr.	2,704,861	equal to	2,704,861	0	O.K.	Pg13 Y30	E.	51	2	Pg17 K29	N/A	17	2
End of year equity	2,859,273	equal to	2,859,273	0	O.K.	Pg18 I33	N/A	24	1	Pg17 S39	N/A	47	1
Net income (loss)	-366,913	equal to	-366,913	0	O.K.	Pg18 I15	N/A	7	1	Pg19 P30	N/A	43	2
Unamortized deferred maint. cost	0	equal to	0	0	O.K.	Pg22 F31-J31..1	H.	20	3	Pg17 K30	N/A	18	2
Balance Sheet	3,304,031	equal to	3,304,031	0	O.K.	Pg17:H41		25	1	Pg17 S41	N/A	48	1

	Salaries	Supplies	Other	Total	Reclass- ifications	Reclassified Total	Adjusted Adjustments	Adjusted Total
1. Dietary	271,112	14,400	22,690	308,202	0	308,202	0	308,202
2. Food Purchase	0	143,899	0	143,899	0	143,899	-4,699	139,200
3. Housekeeping	137,155	14,486	0	151,641	0	151,641	0	151,641
4. Laundry	49,597	10,492	3,837	63,926	0	63,926	0	63,926
5. Heat and Other Utilities	0	0	94,921	94,921	0	94,921	0	94,921
6. Maintenance	95,297	13,735	113,682	222,714	0	222,714	-24,469	198,245
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	553,161	197,012	235,130	985,303	0	985,303	-29,168	956,135
9. Medical Director	0	0	8,400	8,400	0	8,400	0	8,400
10. Nursing & Medical Records	1,014,017	99,378	8,621	1,122,016	0	1,122,016	0	1,122,016
10a. Therapy	0	1,251	205,607	206,858	0	206,858	0	206,858
11. Activities	66,338	3,753	2,872	72,963	0	72,963	0	72,963
12. Social Services	34,347	68	2,872	37,287	0	37,287	0	37,287
13. Nurse Aide Training	0	0	0	0	0	0	0	0
14. Program Transportation	13,845	0	0	13,845	0	13,845	0	13,845
15. Other (specify)*	0	0	0	0	0	0	0	0
16. Total Health Care & Programs	1,128,547	104,450	228,372	1,461,369	0	1,461,369	0	1,461,369
17. Administrative	62,103	0	0	62,103	0	62,103	0	62,103
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	153,531	153,531	0	153,531	0	153,531
20. Fees, Subscriptions & Promotion	0	0	15,007	15,007	0	15,007	746	15,753
21. Clerical & General Office	139,884	54,958	1,823	196,665	0	196,665	-3,450	193,215
22. Employee Benefits & Payroll	0	0	734,558	734,558	0	734,558	-1,110	733,448
23. Inservice Training & Education	0	0	3,081	3,081	0	3,081	0	3,081
24. Travel and Seminar	0	0	7,177	7,177	0	7,177	0	7,177
25. Other Admin. Staff Trans	0	0	9,587	9,587	0	9,587	0	9,587
26. Insurance-Prop.Liab.Malpractice	0	0	100,676	100,676	0	100,676	0	100,676
27. Other (specify)*	0	0	0	0	0	0	0	0
28. Total General Adminis	201,987	54,958	1,025,440	1,282,385	0	1,282,385	-3,814	1,278,571
29. Total General Administrative	1,883,695	356,420	1,488,942	3,729,057	0	3,729,057	-32,982	3,696,075
30. Depreciation	0	0	126,393	126,393	0	126,393	22,751	149,144
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0
32. Interest	0	0	0	0	0	0	0	0
33. Real Estate	0	0	0	0	0	0	0	0
34. Rent - Facility & Grounds	0	0	0	0	0	0	0	0
35. Rent - Equipment & Vehicles	0	0	6,499	6,499	0	6,499	0	6,499
36. Other (specify):*	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	132,892	132,892	0	132,892	22,751	155,643
38. Medically Necessary T	0	0	0	0	0	0	0	0
39. Ancillary Service Cent	0	36,294	0	36,294	0	36,294	0	36,294
40. Barber and Beauty Shop	19,645	1,737	1,306	22,688	0	22,688	0	22,688
41. Coffee and Gift Shops	0	0	0	0	0	0	0	0
42	0	0	41,063	41,063	0	41,063	0	41,063
43. Other (specify):*	19,620	2,111	181,712	203,443	0	203,443	-203,443	0
44. Total Special Cost Ce	39,265	40,142	224,081	303,488	0	303,488	-203,443	100,045
45. Grand Total	1,922,960	396,562	1,845,915	4,165,437	0	4,165,437	-213,674	3,951,763

	After	
	Operating	Consolidation
General Service Cost Center		
1. Cash on hand and in banks	216,563	216,563
2. Cash - Patient Deposits	6,525	6,525
3. Accounts & Notes Recievable	699,877	699,877
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	0	0
7. Other Prepaid Expenses	18,894	18,894
8. Accounts Receivable-Owner/Related Party	0	0
9. Other (specify):	0	0
10. Total current assets	941,859	941,859
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	0	0
13. Land	82,951	26,204
14. Buildings, at Historical Cost	3,878,228	3,816,240
15. Leasehold Improvements, Historical Cost	57,362	95,838
16. Equipment, at Historical Cost	820,922	941,616
17. Accumulated Depreciation (book methods)	-2,620,260	-2,704,861
18. Deferred Charges	0	0
19. Organization & Pre-Operating Costs	0	0
20. Accum Amort - Org/Pre-Op Costs	0	0
21. Restricted Funds	0	0
22. Other Long-Term Assets (specify):	0	0
23. other (specify):	142,969	146,510
24. Total Long-Term Assets	2,362,172	2,321,547
25. Total Assets	3,304,031	3,263,406
CURRENT LIABILITIES		
26. Accounts Payable	82,101	82,101
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	6,525	6,525
29. Short-Term Notes Payable	0	0
30. Accrued Salaries Payable	141,981	141,981
31. Accrued Taxes Payable	17,261	17,261
32. Accrued Real Estate Taxes	0	0
33. Accrued Interest Payable	0	0
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	196,890	196,890
37. Other Current Liabilities (specify):	0	0
38. Total Current Liabilities	444,758	444,758
LONG TERM LIABILITES		
39. Long-Term Notes Payable	0	0
40. Mortgage Payable	0	0
41. Bonds Payable	0	0
42. Deferred Compensation	0	0
43. Other Long-Term Liabilities (specify):	0	0
44. Other Long-Term Liabilities (specify):	0	0
45. Total Long-Term Liabilities	0	0
46. Total Liabilities	444,758	444,758
47. Total Equity	2,859,273	2,818,648
48. Total Liabilities and Equity	3,304,031	3,263,406

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	3,459,368
2. Discounts and Allowances for all Levels	-637,107
Subtotal - Inpatient Care	2,822,261
4. Day Care	1,860
5. Other Care for Outpatients	0
6. Therapy	606,745
7. Oxygen	0
Subtotal - Ancillary Revenue	608,605
9. Payments for Education	0
10. Other Governmental Grants	0
11. Nurses Aide Training Reimbursements	0
12. Gift and Coffee Shop	0
13. Barber and Beauty Care	15,196
14. Non-Patient Meals	2,063
15. Telephone, Television, and Radio	0
16. Rental of Facility Space	0
17. Sale of Drugs	30,826
18. Sale of Supplies to Non-Patients	0
19. Laboratory	4,855
20. Radiology and X-Ray	0
21. Other Medical Services	170,844
22. Laundry	0
Subtotal - Other Operating Revenue	223,784
24. Contributions	2,345
25. Interest and Other Investments Income	8
Subtotal - Non-Operating Revenue	2,353
27. Other Revenue (specify):	141,521
28. Other Revenue (specify):	0
Subtotal - Other Revenue	141,521
30. Total Revenue	3,798,524
31. General Services	985,303
32. Health Care	1,461,369
33. General Administration	1,282,385
34. Ownership	132,892
35. Special Cost Centers	262,425
35. Provider Participation Fee	41,063
37. Other	0
40. Total Expenses	4,165,437
41. Income Before Income Taxes	-366,913
42. Income Taxes	0
43. Net Income or Loss for the Year	-366,913

Illinois Knights Templar Home
IDPA Comparative Data - Per Resident Day Cost
Year Ending

Enter your HSA # in next column =====
 Census (Pulls from Page 2) 26,736

Cost Report Line	Description	2006 Average Median Cost Per Day		
		Your Facility	State	HSA
1	Dietary	11.53	-	#N/A
2	Food Purchase	5.21	-	#N/A
3	Housekeeping	5.67	-	#N/A
4	Laundry	2.39	-	#N/A
5	Heat & Other Utilities	3.55	-	#N/A
6	Maintenance	7.41	-	#N/A
8	Total General Services	35.76	-	#N/A
10	Nursing & Medical Records	41.97	-	#N/A
10A	Therapy	7.74	-	#N/A
11	Activities	2.73	-	#N/A
12	Social Services	1.39	-	#N/A
16	Total Health Care & Programs	54.66	-	#N/A
17	Administration	2.32	-	#N/A
19	Professional Services	5.74	-	#N/A
21	Clerical & Gen. Office Expense	7.23	-	#N/A
22	Employee Benefits & PR Taxes	27.43	-	#N/A
24	Travel & Seminar	0.27	-	#N/A
26	Insurance-Property, Liability & Malpractice	3.77	-	#N/A
28	Total General Administrative	47.82	-	#N/A
29	Total Operating Expenses	138.24	-	#N/A
30	Depreciation	5.58	-	#N/A
32	Interest	-	-	#N/A
33	Real Estate Taxes	-	-	#N/A
37	Total Ownership	5.82	-	#N/A
	Total Operating and Ownership Cost	144.06	-	#N/A

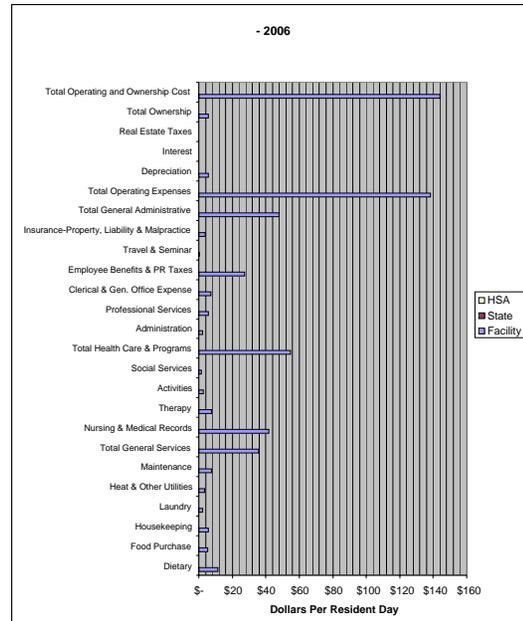
Notes:
 Your Facility data is from page 3, column 8 of your 2007 Medicaid cost report, divided by your annual census.

The Average Median Cost Per Day for the State and your HSA is taken from the most recent data available from the Illinois Department of Health Care and Family Services and corresponds with the respective cost report data after final adjustments.

IDPA LTC Profiles
LTC Median Per Diem Cost by HSA - 2005 Cost Reports
2005 (Run August 15, 2006)

UN-INFLATED

Cost Report Line	Description	State-Wide	HSA											10th %	90th %	
			1	2	3	4	5	6	7	8	9	10	11			
1	Dietary															
2	Food Purchase															
3	Housekeeping															
4	Laundry															
5	Heat & Other Utilities															
6	Maintenance															
8	TOTAL GENERAL SERVICES															
10	Nursing & Medical Records															
10A	Therapy															
11	Activities															
12	Social Services															
16	TOTAL HEALTH CARE & PROGRAMS															
17	Administration															
19	Professional Services															
21	Clerical & Gen. Office Expense															
22	Employee Benefits & PR Taxes															
24	Travel & Seminar															
26	Insurance-Property, liability & Malpractice															
28	TOTAL GENERAL ADMINISTRATIVE															
29	TOTAL OPERATING EXPENSES															
30	Depreciation															
32	Interest															
33	Real Estate Taxes															
37	TOTAL OWNERSHIP															
	TOTAL OPERATING & OWNERSHIP COST															



Illinois Knight Templar Home
HSA Comparative Rate - Per Resident Day Cost
Year Ending

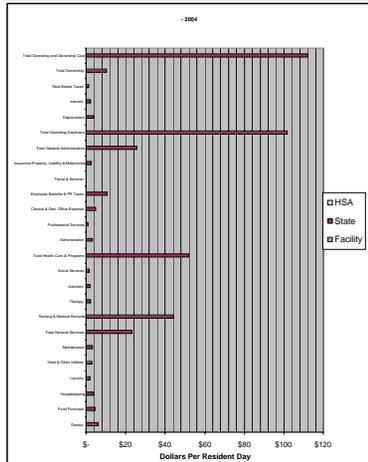
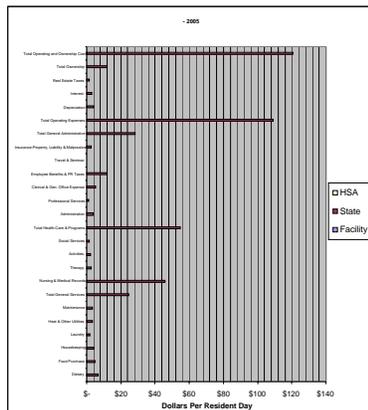
Enter your HSA # in row column
 Column (HSA) from Page 2

257376

Cost Report Line	Description	2007		2006 Median		2006		2006 Median		2005		2005 Median	
		Per Resident Year	Cost Per Day	Rate	HSA	Per Facility Year	Cost Per Day	Rate	HSA	Per Facility Year	Cost Per Day	Rate	HSA
1	Dietary	11.57360	6.52	ANA	PFALL12	6.52	ANA	HEV07	6.23	ANA			
2	Food Purchase	2.264402	4.68	ANA	PFALL12	4.68	ANA	HEV07	4.53	ANA			
3	Housekeeping	2.875796	4.02	ANA	PFALL12	4.02	ANA	HEV07	3.77	ANA			
4	Laundry	2.260084	1.96	ANA	PFALL12	1.96	ANA	HEV07	1.86	ANA			
5	House & Office Utilities	2.545067	3.31	ANA	PFALL12	3.31	ANA	HEV07	3.02	ANA			
6	Maintenance	2.416987	3.51	ANA	PFALL12	3.51	ANA	HEV07	3.21	ANA			
8	Total General Services	35.762081	24.43	ANA	PFALL12	24.43	ANA	HEV07	23.12	ANA			
10	Nursing & Medical Supplies	41.664847	49.97	ANA	PFALL12	49.97	ANA	HEV07	44.66	ANA			
10A	Therapy	7.770386	2.45	ANA	PFALL12	2.45	ANA	HEV07	2.16	ANA			
11	Activities	2.728071	2.06	ANA	PFALL12	2.06	ANA	HEV07	1.95	ANA			
12	Social Services	1.966364	1.58	ANA	PFALL12	1.58	ANA	HEV07	1.48	ANA			
16	Total Health Care & Programs	54.492524	54.45	ANA	PFALL12	54.45	ANA	HEV07	53.90	ANA			
17	Administration	2.528232	3.90	ANA	PFALL12	3.90	ANA	HEV07	3.24	ANA			
19	Professional Services	5.743262	1.61	ANA	PFALL12	1.61	ANA	HEV07	0.87	ANA			
21	Chemical & Gas, Office Equipment	2.527729	3.65	ANA	PFALL12	3.65	ANA	HEV07	4.89	ANA			
22	Employee Benefits & Pay Taxes	27.453294	11.77	ANA	PFALL12	11.77	ANA	HEV07	10.66	ANA			
24	Tenant & Security	0.268436	0.09	ANA	PFALL12	0.09	ANA	HEV07	0.09	ANA			
26	Insurance (Property, Liability & Miscellaneous)	2.760593	2.69	ANA	PFALL12	2.69	ANA	HEV07	2.67	ANA			
28	Total General Administration	47.422075	28.30	ANA	PFALL12	28.30	ANA	HEV07	25.82	ANA			
29	Total Operating Expenses	138.41158	109.93	ANA	PFALL12	109.93	ANA	HEV07	100.50	ANA			
30	Duplications	5.578362	3.95	ANA	PFALL12	3.95	ANA	HEV07	3.78	ANA			
32	Interest	0	2.87	ANA	PFALL12	2.87	ANA	HEV07	2.22	ANA			
33	Real Estate Taxes	0	1.51	ANA	PFALL12	1.51	ANA	HEV07	1.48	ANA			
37	Total Ownership	8.624137	11.75	ANA	PFALL12	11.75	ANA	HEV07	10.42	ANA			
	Total Operating and Ownership Cost	144.06	120.68	ANA	PFALL12	120.68	ANA	HEV07	112.04	ANA			

Notes:
 Year Facility data is from page 1, column 6 of each of your respective Medicaid cost reports, divided by the respective annual census.

The 2005-2006 Year Facility Cost Facility, for the State and your HSA is taken from data available from the Illinois Department of Health Care and Family Services and corresponds with the respective cost report data after final adjustments.



IDPA LTC Profiles
 LTC Median Per Diem Cost by HSA - 2006 Cost Reports
 2006

UN-INFLATED

Cost Report Line	Description
1	Dietary
2	Food Purchase
3	Housekeeping
4	Laundry
5	Heat & Other Utilities
6	Maintenance
8	TOTAL GENERAL SERVICES
10	Nursing & Medical Records
10A	Therapy
11	Activities
12	Social Services
16	TOTAL HEALTH CARE & PROGRAMS
17	Administration
19	Professional Services
21	Clerical & Gen. Office Expense
22	Employee Benefits & PR Taxes
24	Travel & Seminar
26	Insurance-Property, liability & Malpractice
28	TOTAL GENERAL ADMINISTRATIVE
29	TOTAL OPERATING EXPENSES
30	Depreciation
32	Interest
33	Real Estate Taxes
37	TOTAL OWNERSHIP
	TOTAL OPERATING & OWNERSHIP COST

State-Wide	HSA											
	1	2	3	4	5	6	7	8	9	10	11	
[Empty Data Table]												

10th % 90th %

2006 Costs

2006 Census

Cost Report Line	Description
1	Dietary
2	Food Purchase
3	Housekeeping
4	Laundry
5	Heat & Other Utilities
6	Maintenance
8	TOTAL GENERAL SERVICES
10	Nursing & Medical Records
10A	Therapy
11	Activities
12	Social Services
16	TOTAL HEALTH CARE & PROGRAMS
17	Administration
19	Professional Services
21	Clerical & Gen. Office Expense
22	Employee Benefits & PR Taxes
24	Travel & Seminar
26	Insurance-Property, liability & Malpractice
28	TOTAL GENERAL ADMINISTRATIVE
29	TOTAL OPERATING EXPENSES
30	Depreciation
32	Interest
33	Real Estate Taxes
37	TOTAL OWNERSHIP
	TOTAL OPERATING & OWNERSHIP COST

2006 - Average Wage Data Table

Total staff hours including contract nursing per diem
 Nursing hours including contract nurses per diem
 RN
 LPN
 CNA
 DON
 ADON

State-Wide	HSA										
	1	2	3	4	5	6	7	8	9	10	11
[Empty Data Table]											

2006 - Staffing and Occupancy Data

Average Occupancy
 Medicaid Utilization
 Medicare Utilization

State-Wide	HSA										
	1	2	3	4	5	6	7	8	9	10	11
[Empty Data Table]											

IDPA LTC Profiles
 LTC Median Per Diem Cost by HSA - 2004 Cost Reports
 2004 (Run June 1, 2004)

UN-INFLATED

Cost Report	Description	State-Wide	HSA 1	HSA 2	HSA 3	HSA 4	HSA 5	HSA 6	HSA 7	HSA 8	HSA 9	HSA 10	HSA 11	10th %	90th %
1	Dietary	6.23	7.09	6.81	5.63	6.81	5.56	6.37	6.37	6.37	6.12	7.09	5.94	4.27	10.11
2	Food Purchase	4.53	4.79	4.73	4.56	4.73	4.33	4.48	4.48	4.48	4.40	4.79	4.27	3.48	6.23
3	Housekeeping	3.77	3.68	3.76	3.10	3.76	3.37	4.12	4.12	4.12	3.93	3.68	3.66	2.59	5.78
4	Laundry	1.86	2.27	1.99	1.79	1.99	1.97	1.64	1.64	1.64	1.62	2.27	2.16	1.00	3.16
5	Heat & Other Utilities	3.02	3.13	3.07	3.04	3.07	2.71	3.06	3.06	3.06	2.87	3.13	2.86	2.10	4.39
6	Maintenance	3.21	3.63	3.33	3.22	3.33	2.45	3.35	3.35	3.35	3.25	3.63	2.88	2.02	5.28
8	TOTAL GENERAL SERVICES	23.12	25.66	23.97	21.71	23.97	21.28	23.50	23.50	23.50	23.47	25.66	21.76	18.27	32.52
10	Nursing & Medical Records	44.05	43.48	45.03	40.84	45.03	35.79	47.50	47.50	47.50	47.81	43.48	44.17	28.00	68.18
10A	Therapy	2.16	2.01	3.55	4.52	3.55	2.05	1.47	1.47	1.47	2.21	2.01	3.40	-	12.21
11	Activities	1.95	2.28	1.95	1.58	1.95	1.34	2.21	2.21	2.21	2.16	2.28	1.54	1.07	3.52
12	Social Services	1.48	1.44	1.63	1.10	1.63	1.27	1.64	1.64	1.64	1.34	1.44	1.37	0.62	3.10
16	TOTAL HEALTH CARE & PROGRAMS	51.90	52.55	53.10	49.97	53.10	43.69	53.78	53.78	53.78	56.90	52.55	53.31	33.59	81.45
17	Administration	3.24	3.47	3.24	3.08	3.24	3.65	3.19	3.19	3.19	3.24	3.47	2.99	1.75	8.15
19	Professional Services	0.97	1.19	0.70	0.68	0.70	0.77	1.09	1.09	1.09	1.34	1.19	0.70	0.05	2.58
21	Clerical & Gen. Office Expense	4.89	4.21	5.22	4.23	5.22	4.03	5.31	5.31	5.31	5.13	4.21	4.41	2.35	10.74
22	Employee Benefits & PR Taxes	10.66	10.98	12.14	9.56	12.14	8.62	11.17	11.17	11.17	11.21	10.98	9.81	6.89	20.31
24	Travel & Seminar	0.09	0.12	0.10	0.09	0.10	0.15	0.08	0.08	0.08	0.04	0.12	0.09	-	0.34
26	Insurance-Property, liability & Malpractice	2.67	2.38	2.53	2.36	2.53	2.33	3.03	3.03	3.03	2.47	2.38	2.16	0.85	4.36
28	TOTAL GENERAL ADMINISTRATIVE	25.82	26.66	27.48	23.91	27.48	22.08	26.27	26.27	26.27	27.23	26.66	22.86	17.40	40.90
29	TOTAL OPERATING EXPENSES	101.59	104.24	105.69	96.02	105.69	89.62	103.51	103.51	103.51	106.84	104.24	100.77	71.40	151.58
30	Depreciation	3.74	3.67	3.95	3.52	3.95	2.64	4.23	4.23	4.23	3.72	3.67	3.20	1.00	8.58
32	Interest	2.22	2.43	1.42	1.72	1.42	0.55	3.91	3.91	3.91	2.22	2.43	0.94	-	10.11
33	Real Estate Taxes	1.40	1.04	1.00	0.84	1.00	0.87	3.21	3.21	3.21	1.30	1.04	1.14	-	5.54
37	TOTAL OWNERSHIP	10.42	8.95	9.03	7.51	9.03	6.11	14.54	14.54	14.54	10.03	8.95	9.17	3.61	22.83
	TOTAL OPERATING & OWNERSHIP COST	112.01	113.19	114.72	103.53	114.72	95.73	118.05	118.05	118.05	116.87	113.19	109.94	75.01	174.41

Cost Report	Description	2004 Costs	2004 Census
1	Dietary	4.27	10.11
2	Food Purchase	3.48	6.23
3	Housekeeping	2.59	5.78
4	Laundry	1.00	3.16
5	Heat & Other Utilities	2.10	4.39
6	Maintenance	2.02	5.28
8	TOTAL GENERAL SERVICES	18.27	32.52
10	Nursing & Medical Records	28.00	68.18
10A	Therapy	-	12.21
11	Activities	1.07	3.52
12	Social Services	0.62	3.10
16	TOTAL HEALTH CARE & PROGRAMS	33.59	81.45
17	Administration	1.75	8.15
19	Professional Services	0.05	2.58
21	Clerical & Gen. Office Expense	2.35	10.74
22	Employee Benefits & PR Taxes	6.89	20.31
24	Travel & Seminar	-	0.34
26	Insurance-Property, liability & Malpractice	0.85	4.36
28	TOTAL GENERAL ADMINISTRATIVE	17.40	40.90
29	TOTAL OPERATING EXPENSES	71.40	151.58
30	Depreciation	1.00	8.58
32	Interest	-	10.11
33	Real Estate Taxes	-	5.54
37	TOTAL OWNERSHIP	3.61	22.83
	TOTAL OPERATING & OWNERSHIP COST	75.01	174.41

Average Wage Data Table

State-Wide	HSA 1	HSA 2	HSA 3	HSA 4	HSA 5	HSA 6	HSA 7	HSA 8	HSA 9	HSA 10	HSA 11	
Total staff hours including contract nurses per diem	5.00	5.30	5.30	5.30	5.10	4.80	4.80	4.80	5.10	5.30	5.20	
Nursing hours including contract nurses per diem	3.00	3.20	3.20	3.30	3.10	2.80	2.80	2.80	3.10	3.20	3.10	
RN	22.54	22.05	20.73	19.72	20.73	17.47	25.72	25.72	25.72	23.44	22.05	20.42
LPN	18.4	18.02	17.23	15.4	17.23	13.82	21.06	21.06	21.06	19.09	18.02	17.13
CNA	10.02	10.13	10.03	9.32	10.03	8.4	10.52	10.52	10.52	10.53	10.13	9.84
DON	28.97	27.38	25.17	23.86	25.17	22.23	34.39	34.39	34.39	30.41	27.38	25.97
ADON	25.23	23.95	21.85	19.41	21.85	19.13	28.74	28.74	28.74	26.68	23.95	23.77

2003 - Staffing and Occupancy Data

State-Wide	HSA 1	HSA 2	HSA 3	HSA 4	HSA 5	HSA 6	HSA 7	HSA 8	HSA 9	HSA 10	HSA 11	
Average Occupancy	80.50%	80.70%	80.40%	78.10%	80.40%	74.40%	81.80%	81.80%	81.80%	82.90%	80.70%	78.20%
Medicaid Utilization	65.00%	57.00%	56.70%	58.50%	56.70%	61.80%	70.60%	70.60%	70.60%	64.50%	57.00%	60.60%
Medicare Utilization	9.40%	7.70%	8.90%	9.30%	8.90%	8.80%	9.90%	9.90%	9.90%	10.30%	7.70%	8.90%