



Facility Name & ID Number Arthur Merkle Clara Knipprath Nursing Home# 0021832 Report Period Beginning: 1/1/2008 Ending: 12/31/2008

## III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1		Skilled (SNF)	99	36,234	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		TOTALS	99	36,234	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			2,529	2,529	8
9	SNF/PED					9
10	ICF	6,373	9,903		16,276	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	6,373	9,903	2,529	18,805	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed  
bed days on line 7, column 4.) 51.90%

D. How many bed-hold days during this year were paid by the Department?

0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

NoneF. Does the facility maintain a daily midnight census? YesG. Do pages 3 & 4 include expenses for services or  
investments not directly related to patient care?YES  NO 

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES  NO 

I. On what date did you start providing long term care at this location?

Date started 10/06/1975

J. Was the facility purchased or leased after January 1, 1978?

YES  Date \_\_\_\_\_ NO 

K. Was the facility certified for Medicare during the reporting year?

YES  NO  If YES, enter number  
of beds certified 99 and days of care provided 2,218Medicare Intermediary Administar Federal

## IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\* Is your fiscal year identical to your tax year? YES  NO Tax Year: 12/31/2008 Fiscal Year: 12/31/2008

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

Facility Name & ID Number Arthur Merkle Clara Knipprath Nursing Hor # 0021832 Report Period Beginning: 1/1/2008 Ending: 12/31/2008

**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	
	<b>A. General Services</b>											
1	Dietary	236,709	18,394	10,174	265,277		265,277		265,277			1
2	Food Purchase		130,530		130,530	(21,071)	109,459	(8,585)	100,874			2
3	Housekeeping	75,953	508	9,273	85,734		85,734	(12,605)	73,129			3
4	Laundry	29,411	5,815	4,948	40,174		40,174		40,174			4
5	Heat and Other Utilities			151,498	151,498	(2,332)	149,166	(32,770)	116,396			5
6	Maintenance	76,690	1,704	14,152	92,546	(478)	92,068	(13,092)	78,976			6
7	Other (specify):* <b>ILU Expense</b>			1,162	1,162		1,162	(1,162)				7
8	<b>TOTAL General Services</b>	<b>418,763</b>	<b>156,951</b>	<b>191,207</b>	<b>766,921</b>	<b>(23,881)</b>	<b>743,040</b>	<b>(68,214)</b>	<b>674,826</b>			8
	<b>B. Health Care and Programs</b>											
9	Medical Director			4,800	4,800		4,800		4,800			9
10	Nursing and Medical Records	1,015,367	62,917	6,212	1,084,496		1,084,496	(13,500)	1,070,996			10
10a	Therapy	16,458		883	17,341		17,341		17,341			10a
11	Activities	46,770	8,606	4,705	60,081		60,081	(3,495)	56,586			11
12	Social Services	16,953			16,953		16,953		16,953			12
13	CNA Training											13
14	Program Transportation			574	574		574		574			14
15	Other (specify):* <b>Cost of Sundries</b>			4,393	4,393		4,393	(4,393)				15
16	<b>TOTAL Health Care and Programs</b>	<b>1,095,548</b>	<b>71,523</b>	<b>21,567</b>	<b>1,188,638</b>		<b>1,188,638</b>	<b>(21,388)</b>	<b>1,167,250</b>			16
	<b>C. General Administration</b>											
17	Administrative	80,004			80,004	6,259	86,263	(21,259)	65,004			17
18	Directors Fees											18
19	Professional Services			29,076	29,076		29,076	(1,956)	27,120			19
20	Dues, Fees, Subscriptions & Promotions			5,995	5,995		5,995		5,995			20
21	Clerical & General Office Expenses	109,055	4,542	7,499	121,096		121,096		121,096			21
22	Employee Benefits & Payroll Taxes			437,319	437,319	21,071	458,390	(7,518)	450,872			22
23	Inservice Training & Education			198	198		198		198			23
24	Travel and Seminar			345	345		345		345			24
25	Other Admin. Staff Transportation			1,352	1,352		1,352		1,352			25
26	Insurance-Prop.Liab.Malpractice			46,473	46,473	(256)	46,217	(2,711)	43,506			26
27	Other (specify):* <b>Bad Debt</b>			22,000	22,000		22,000	(22,000)				27
28	<b>TOTAL General Administration</b>	<b>189,059</b>	<b>4,542</b>	<b>550,257</b>	<b>743,858</b>	<b>27,074</b>	<b>770,932</b>	<b>(55,444)</b>	<b>715,488</b>			28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	<b>1,703,370</b>	<b>233,016</b>	<b>763,031</b>	<b>2,699,417</b>	<b>3,193</b>	<b>2,702,610</b>	<b>(145,046)</b>	<b>2,557,564</b>			29

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

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

Facility Name & ID Number Arthur Merkle Clara Knipprath Nursing Home #0021832 Report Period Beginning: 1/1/2008 Ending: 12/31/2008

## 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	
	<b>D. Ownership</b>											
30	Depreciation			226,144	226,144	(3,193)	222,951	(84,346)	138,605			30
31	Amortization of Pre-Op. & Org.											31
32	Interest											32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			226,144	226,144	(3,193)	222,951	(84,346)	138,605			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers			273,458	273,458		273,458		273,458			39
40	Barber and Beauty Shops			11,221	11,221		11,221	(11,221)				40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			54,352	54,352		54,352		54,352			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>			339,031	339,031		339,031	(11,221)	327,810			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	1,703,370	233,016	1,328,206	3,264,592		3,264,592	(240,613)	3,023,979			45

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

Arthur Merkle Clara Knipprath Nursing Home  
ID# #21832  
Report Period 1/1/08 to 12/31/08  
Schedule V Attachment - Reclassification

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Food Purchase	Line 2, Col 5	(\$21,071)
Employee Benefits and Payroll Taxes (To reclassify employee meals)	Line 22, Col 5	21,071
Heat & Other Utilities	Line 5, Col 5	(2,332)
Maintenance	Line 6, Col 5	(478)
Insurance, Property and Liability	Line 26, Col 5	(256)
Depreciation	Line 30, Col 5	(3,193)
Administrative (To reclassify administrative costs for Brothers' residence)	Line 17, Col 5	<u>6,259</u>
Total Reclassification	Line 45, Col 5	<u><u>\$0</u></u>

Facility Name & ID Number Arthur Merkle Clara Knipprath Nursing Home

# 0021832

Report Period Beginning: 1/1/2008

Ending: 12/31/2008

**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 Programs				3
4	Non-Patient Meals	(1,121)	2		4
5	Telephone, TV & Radio in Resident Rooms	(3,495)	11		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(22,000)	27		24
25	Fund Raising, Advertising and Promotional				25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(213,997)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	<b>\$ (240,613)</b>		<b>\$</b>	<b>30</b>

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	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	<b>\$</b>		<b>36</b>
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	<b>\$ (240,613)</b>		<b>37</b>

\*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.

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

BHF USE ONLY					
48		49		50	51
					52

## Arthur Merkle Clara Knipprath Nursing Home

ID# 0021832

Report Period Beginning: 1/1/2008

Ending: 12/31/2008

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	Independent Living Unit -Maintenance Wages	\$ (10,000)	6	1
2	Independent Living Unit Wages	(13,500)	10	2
3	Independent Living Unit Wages - Administration	(15,000)	17	3
4	Independent Living Unit Employee Benefits	(7,518)	22	4
5	Independent Living Unit Wages	(12,605)	3	5
6	Independent Living Unit Insurance	(2,711)	26	6
7	Independent Living Unit Depreciation	(84,346)	30	7
8	Independent Living Unit Utilities	(32,770)	5	8
9	Independent Living Unit-Supplies	(693)	6	9
10	Independent Living Unit Maintenance & Other	(2,399)	6	10
11	Independent Living Unit Food Cost	(7,464)	2	11
12	Administration Cost for Brothers' Residence	(6,259)	17	12
13	Adjust Barber & Beauty due to income received	(11,221)	40	13
14	Adj Sundried due to income received	(4,393)	15	14
15	Independent Living Unit - Other	(1,162)	7	15
16	Adjust Professional Services - Collection	(1,956)	19	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	<b>Total</b>	(213,997)		49

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Arthur Merkle Clara Knipprath Nursing Home

# 0021832

Report Period Beginning:

1/1/2008

Ending:

12/31/2008

## 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)	
	<b>A. General Services</b>													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(8,585)	0	0	0	0	0	0	0	0	0	0	(8,585)	2
3	Housekeeping	(12,605)	0	0	0	0	0	0	0	0	0	0	(12,605)	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(32,770)	0	0	0	0	0	0	0	0	0	0	(32,770)	5
6	Maintenance	(13,092)	0	0	0	0	0	0	0	0	0	0	(13,092)	6
7	Other (specify):*	(1,162)	0	0	0	0	0	0	0	0	0	0	(1,162)	7
8	<b>TOTAL General Services</b>	<b>(68,214)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(68,214)</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(13,500)	0	0	0	0	0	0	0	0	0	0	(13,500)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	(3,495)	0	0	0	0	0	0	0	0	0	0	(3,495)	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	(4,393)	0	0	0	0	0	0	0	0	0	0	(4,393)	15
16	<b>TOTAL Health Care and Programs</b>	<b>(21,388)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(21,388)</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	(21,259)	0	0	0	0	0	0	0	0	0	0	(21,259)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(1,956)	0	0	0	0	0	0	0	0	0	0	(1,956)	19
20	Fees, Subscriptions & Promotions	0	0	0	0	0	0	0	0	0	0	0	0	20
21	Clerical & General Office Expenses	0	0	0	0	0	0	0	0	0	0	0	0	21
22	Employee Benefits & Payroll Taxes	(7,518)	0	0	0	0	0	0	0	0	0	0	(7,518)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	(2,711)	0	0	0	0	0	0	0	0	0	0	(2,711)	26
27	Other (specify):*	(22,000)	0	0	0	0	0	0	0	0	0	0	(22,000)	27
28	<b>TOTAL General Administration</b>	<b>(55,444)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(55,444)</b>	<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</b>	<b>(145,046)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(145,046)</b>	<b>29</b>

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Arthur Merkle Clara Knipprath Nursing Home

# 0021832

Report Period Beginning:

1/1/2008 Ending:

12/31/2008

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

	Capital Expense	PAGES	PAGE	SUMMARY										
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(84,346)	0	0	0	0	0	0	0	0	0	0	(84,346)	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	<b>TOTAL Ownership</b>	<b>(84,346)</b>	<b>0</b>	<b>(84,346)</b>	<b>37</b>									
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
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	(11,221)	0	0	0	0	0	0	0	0	0	0	(11,221)	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	<b>TOTAL Special Cost Centers</b>	<b>(11,221)</b>	<b>0</b>	<b>(11,221)</b>	<b>44</b>									
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	<b>(240,613)</b>	<b>0</b>	<b>(240,613)</b>	<b>45</b>									

Facility Name & ID Number Arthur Merkle Clara Knipprath Nursing Home

# 0021832

Report Period Beginning:

1/1/2008

Ending:

12/31/2008

**VII. RELATED PARTIES**

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Franciscan Missionary Brothers of the Sacred Heart of Jesus	100%	N/A				

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

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

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

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

Facility Name & ID Number Arthur Merkle Clara Knipprath Nursing Home # 0021832 Report Period Beginning: 1/1/2008 Ending: 12/31/2008

## VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Bro Damien Dabraekeleer	Executive Director	Administrator			46	100.00	Stipend to	\$ 80,004	17	1
2	Bro William Farrelly	Director	Nursing			44	100.00	Religious	70,500	10	2
3	Bro Joseph Ruscha	Director	Maintenance			44	100.00	Order	52,992	6	3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 203,496		13

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

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

Facility Name & ID Number Arthur Merkle Clara Knipprath Nursing Home # 0021832 Report Period Beginning: 1/1/2008 Ending: 2/31/2008

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

Facility Name & ID Number Arthur Merkle Clara Knipprath Nursing Hor # 0021832 Report Period Beginning: 1/1/2008 Ending: 12/31/2008

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

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
<b>A. Directly Facility Related</b>																				
<b>Long-Term</b>																				
1	None									1										
2										2										
3										3										
4										4										
5										5										
<b>Working Capital</b>																				
6	None									6										
7										7										
8										8										
9	<b>TOTAL Facility Related</b>					\$	\$		\$	9										
<b>B. Non-Facility Related*</b>																				
10	None									10										
11										11										
12										12										
13										13										
14	<b>TOTAL Non-Facility Related</b>					\$	\$		\$	14										
15	<b>TOTALS (line 9+line14)</b>					\$	\$		\$	15										

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

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

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



**IMPORTANT NOTICE**

**TO:** Long Term Care Facilities with Real Estate Tax Rates **RE:** 2007 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 2007 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2007.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2007 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 2008 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.

**2007 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME Arthur Merkle Clara Knipprath Nursing Home COUNTY Iroquois

FACILITY IDPH LICENSE NUMBER 0021832

CONTACT PERSON REGARDING THIS REPORT \_\_\_\_\_

TELEPHONE ( ) \_\_\_\_\_ FAX #: ( ) \_\_\_\_\_

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

Enter the tax index number and real estate tax assessed for 2007 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 2007.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. _____	_____	\$ _____	\$ _____
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ _____	\$ _____

**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 2007 tax bills which were listed in Section A to this statement. Be sure to use the 2007 tax bill which is normally paid during 2008.

**PLEASE NOTE:** Payment information from the Internet or otherwise is not considered acceptable tax bill documentation. Facilities located in Cook County are required to provide copies of their original **second installment** tax bill.

Facility Name & ID Number Arthur Merkle Clara Knipprath Nursing Home

# 0021832 Report Period Beginning:

1/1/2008 Ending:

12/31/2008

**X. BUILDING AND GENERAL INFORMATION:**

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

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

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

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

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

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

Countryside Villas, 15 Independent Living Units - 17,005 Square Feet

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

1. Total Amount Incurred: \_\_\_\_\_ 2. Number of Years Over Which it is Being Amortized: \_\_\_\_\_  
3. Current Period Amortization: \_\_\_\_\_ 4. Dates Incurred: \_\_\_\_\_

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

**XI. OWNERSHIP COSTS:**

A. Land.

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

Facility Name &amp; ID Number Arthur Merkle Clara Knipprath Nursing Home

# 0021832

Report Period Beginning:

1/1/2008

Ending:

12/31/2008

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	99		1975	1975	\$ 773,471	\$ 14,176	33	\$ 14,176		\$ 682,106	4
5			1975	1975	432,517	3,841	25	3,841		418,370	5
6											6
7											7
8											8
		<b>Improvement Type**</b>									
9		Fixed Equipment		1981	924		5			924	9
10				1982	656		15			656	10
11				1983	5,462	22	17	22		5,363	11
12				1984	4,868		15			4,868	12
13				1985	6,098	191	15	191		5,716	13
14				1987	6,773		25			6,773	14
15				1988	650		10			650	15
16				1989	2,032		5			2,032	16
17				1990	14,012		15			14,012	17
18				1991	9,327	388	20	388		8,325	18
19				1992	1,276		10			1,276	19
20				1993	25,219	1,231	20	1,231		22,141	20
21				1994	6,594		15			6,594	21
22				1995	2,825		10			2,825	22
23				1996	97,366	3,864	25	3,864		54,615	23
24		Fire Supression-Kitchen		1996	2,115	106	20	106		1,322	24
25		Nurses Station Impr		1996	5,395	360	15	360		4,496	25
26		Vertical Blinds-Arthur		1996	350		10			350	26
27		Heat Pump Compressor		1996	1,890		10			1,890	27
28		Therapy Room Cubicle		1996	321		10			321	28
29		Kitchen Heat Pump		1996	1,679		10			1,679	29
30		2 Water Heaters		1996	4,158	277	15	277		3,465	30
31		Call Light System		1996	1,348	90	15	90		1,123	31
32		Room Heaters		1996	3,603		10			3,603	32
33		Pump/Generator Impr		1997	2,540		5			2,540	33
34		Fire Alarm Impr		1997	1,105		5			1,105	34
35		Fire Safety Code Impr		1997	5,844	390	15	390		4,481	35
36											36

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

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

See Page 12A, Line 70 for total

Facility Name &amp; ID Number Arthur Merkle Clara Knipprath Nursing Home

# 0021832

Report Period Beginning:

1/1/2008

Ending:

12/31/2008

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Procure Nurse Call System	1997	\$ 36,033	\$ 2,402	15	\$ 2,402	\$	\$ 27,625	37
38	Garbage Disposal	1998	1,142	76	15	76		799	38
39	Heat Pump	1998	2,853	143	10	143		2,853	39
40	Fire Door	1998	200	10	20	10		105	40
41	Room Heat/Cool Unit	1998	3,632	182	10	182		3,632	41
42	Generator	1998	141,059	7,053	20	7,053		74,056	42
43	Cubicle Curtains	1998	5,250	262	10	262		5,250	43
44	Register Covers	1999	1,056	106	10	106		1,003	44
45	Walk-in Freezer/Cooler	1999	20,126	805	25	805		7,648	45
46	Water Heater Booster	1999	1,131	113	10	113		1,074	46
47	Above Ground Tank	1999	1,495	149	10	149		1,420	47
48	Air/Heat Unit	1999	1,057		5			1,057	48
49	Air Return Extension	2000	1,532	102	15	102		868	49
50	SS Garbage Disposal	2000	527	26	20	26		224	50
51	(2) Air /Heat Units	2000	1,950		5			1,950	51
52	Resident Security System	2001	4,830	483	10	483		3,623	52
53	Sewage Component Impr	2001	4,549	303	15	303		2,275	53
54	Disposal	2001	549	55	10	55		411	54
55	Dehumidifier	2001	1,050	105	10	105		788	55
56	Chapel Heating/Cooling	2001	19,000	1,900	10	1,900		14,250	56
57	Natural Gas Hot Water Conversion	2002	29,705	1,980	15	1,980		12,872	57
58	Resident Hall Water Coolers	2002	1,657	166	10	166		1,077	58
59	Sewer Lagoon Impr	2002	6,824	682	10	682		4,436	59
60	Time Clock	2002	395	40	10	40		257	60
61	Resident Room Heat/Cool Unit	2003	3,470	231	15	231		1,272	61
62	Satellite	2003	782	78	5	78		782	62
63	Front Entrance Door	2003	3,612	361	10	361		1,986	63
64	Exterior Security Locks	2003	612	61	10	61		336	64
65	Closet Doors	2003	2,845	190	15	190		1,043	65
66	DR Rooftop Heating Unit	2003	6,325	422	15	422		2,319	66
67	Staff DR Cooling Unit	2003	2,600	173	15	173		953	67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 1,728,266	\$ 43,595		\$ 43,595	\$	\$ 1,441,865	70

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

Facility Name &amp; ID Number Arthur Merkle Clara Knipprath Nursing Home

# 0021832

Report Period Beginning:

1/1/2008

Ending:

12/31/2008

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 1,728,266	\$ 43,595		\$ 43,595	\$	\$ 1,441,865	1
2	Oxygen Room Ventilation	2004	593	59	10	59		267	2
3	Hot Water Supply - Mary Hall	2004	3,578	179	20	179		805	3
4	Water softner System	2005	9,899	990	10	990		3,465	4
5	New Shower Valves, All Halls	2005	3,084	154	20	154		540	5
6	Oxygen Room Sprinkler	2005	709	35	20	35		124	6
7	Water System Improvement	2005	1,241	124	10	124		434	7
8	Dishwasher Motor	2005	1,825	365	5	365		1,277	8
9	Heater Unit	2005	410	41	10	41		143	9
10	Well Pump Electrical	2005	1,518	101	15	101		354	10
11	Ice Machine	2007	6,265	627	10	627		940	11
12	Diswasher Booster Heater	2007	1,225	245	5	245		368	12
13	Pump for Diesel Tank	2007	401	27	15	27		40	13
14	Chapel Heating & Cooling	2007	16,558	1,656	10	1,656		2,484	14
15	Central Nurse St Rooftop Unit	2007	16,861	1,124	15	1,124		1,686	15
16	Smoke Detector Upgrade	2007	2,820	141	20	141		212	16
17	Hot Water Heater Rebuild	2008	2,685	134	10	134		134	17
18									18
19	Land Improvements	1975	194,467	2,899		2,899		175,621	19
20		1979	8,614		25			8,614	20
21		1982	42,700		20				21
22		1983	1,999		11			1,999	22
23		1984	3,405		20			3,405	23
24		1985	860		20			860	24
25		1986	6,156		12			6,156	25
26		1980	762		15			762	26
27		1992	6,346	317	20	317		5,235	27
28		1993	3,640		20			3,640	28
29		1995	6,753		5			5,569	29
30	Drive Pavement	1997	8,900	593	15	593		6,824	30
31	Well	1998	7,339	366	15	366		3,853	31
32	Sewer Improvement	1999	13,399	1,340	5	1,340		12,729	32
33	Drive Sealing	2000	8,945	281	15	281		8,945	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 2,112,223	\$ 55,393		\$ 55,393	\$	\$ 1,699,350	34

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

Facility Name &amp; ID Number Arthur Merkle Clara Knipprath Nursing Home

# 0021832

Report Period Beginning:

1/1/2008

Ending:

12/31/2008

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12B, Carried Forward</b>		\$ 2,112,223	\$ 55,393		\$ 55,393	\$	\$ 1,699,350	1
2	Landscaping	2002	4,211	281	5	281		1,825	2
3	Drive Widening	2002	32,150	3,215	5	3,215		20,898	3
4	Sewage System Control Panel	2003	2,635	264	15	264		1,449	4
5	Water Well Improvement	2003	7,449	745	10	745		4,097	5
6	Drive Sealing	2004	3,996	799	10	799		3,596	6
7	Sidewalk	2005	2,268	151	10	151		529	7
8	Landscaping	2007	2,362	157	5	157		236	8
9	Asphalt Repair/Replacement/Sealcoat	2008	8,665	433	10	433		433	9
10	Parking Lot Light System	2008	5,578	186	15	186		186	10
11									11
12	Buildings	1980	4,422		20			4,422	12
13		1981	1,738		10			1,738	13
14		1982	1,106		25			1,106	14
15		1984	130,023	19	20	19		130,014	15
16		1985	598		15			598	16
17		1986	640,838	17,604	33	17,604		461,692	17
18	Buildings	1987	37,528		15			37,528	18
19		1988	13,228		15			13,228	19
20		1989	10,488		15			10,488	20
21		1990	2,096		10			2,096	21
22		1991	35,542	1,663	20	1,663		31,383	22
23		1992	(34,187)	(854)	40	(854)		(13,431)	23
24		1993	475		10			475	24
25	Floor Tile Nurse Station	1996	2,050	137	15	137		1,708	25
26	Floor Tile Clara Wing	1996	778	52	15	52		649	26
27	Floor Tile, Main, Kitchen	1997	14,739		7			14,739	27
28	Hallway Impr	1997	3,870		5			3,870	28
29	Roof Improvements	1997	13,828	922	15	922		10,601	29
30	Floor Tile Arthur Wing	1998	6,475	324	10	324		6,475	30
31	DR Vinyl Floor	1998	4,420		5			4,420	31
32	Interior Corridor Doors	2000	2,415	161	10	161		1,369	32
33	Chapel Roof (Partial)	2001	3,099	207	15	207		1,550	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 3,077,105	\$ 81,859		\$ 81,859	\$	\$ 2,459,317	34

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

Facility Name &amp; ID Number Arthur Merkle Clara Knipprath Nursing Home

# 0021832

Report Period Beginning:

1/1/2008

Ending:

12/31/2008

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12C, Carried Forward</b>		\$ 3,077,105	\$ 81,859		\$ 81,859	\$	\$ 2,459,317	1
2	Kitchen Doors	2001	1,031	103	20	103		670	2
3	New Roof	2002	32,319	1,616	20	1,616		10,504	3
4	Floor Tile	2002	2,919	195	15	195		1,265	4
5	Maintenance Shed	2002	7,010	280	25	280		1,823	5
6	North Wing Roof	2003	34,539	1,727	20	1,727		9,498	6
7	Chapel Windows	2003	18,234	912	20	912		5,014	7
8	Resident Room Tiling	2003	1,521	152	10	152		836	8
9	Chapel Entry Flooring	2003	2,924	292	10	292		1,608	9
10	Chapel Roof/Glass	2004	3,115	208	15	208		935	10
11	Tiling Mary Hall	2004	36,035	3,604	10	3,604		16,216	11
12	Mary Hall Rehab	2004	7,660	511	15	511		2,298	12
13	Mary Hall Wiring	2004	3,050	153	20	153		686	13
14	Dining Area Painting	2005	1,875	375	5	375		1,313	14
15	Water Supply System Impr	2006	1,540	308	5	308		770	15
16	Fire Alarm System	2006	29,014	1,934	15	1,934		4,836	16
17	Kitchen Rooftop Unit	2006	10,078	672	15	672		1,680	17
18	Heater Units	2006	5,735	574	10	574		1,434	18
19	Nursing Sanitation Equipment	2006	705	71	10	71		176	19
20	Door Security System Upgrade	2006	3,123	312	10	312		781	20
21	Lot Sealing	2006	3,211	642	5	642		1,606	21
22	Life Safety Improvements	2006	4,054	811	5	811		2,027	22
23	Chapel Roof	2006	11,986	799	15	799		1,998	23
24	Chapel Drywall/Paint	2006	6,941	694	10	694		1,735	24
25	Gutters	2006	256	17	15	17		43	25
26	Chapel Fire Rated Doors	2007	3,954	158	25	158		237	26
27	Life Safety Electric Upgrade	2007	824	41	20	41		62	27
28	Andrew Hall Electric Upgrade	2007	2,715	136	20	136		204	28
29	Mary Win Roofing	2007	21,900	1,460	15	1,460		2,190	29
30	Flooring	2008	37,045	1,852	10	1,852		1,852	30
31	Main Building Roofing	2008	66,500	1,663	20	1,663		1,663	31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 3,438,919	\$ 104,131		\$ 104,131	\$	\$ 2,535,277	34

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

Arthur Merkle Clara Knipprath Nursing Home  
ID# 21832  
Report Period Beginning 1/1/08 to 12/31/08  
Attachment to Schedule XI, Page 12C, Line 13

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

Facility Name & ID Number Arthur Merkle Clara Knipprath Nursing Home # 0021832 Report Period Beginning: 1/1/2008 Ending: 12/31/2008

## 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	\$ 310,845	\$ 32,082	\$ 32,082	\$		\$ 201,666	71
72	Current Year Purchases	6,184	309	309			309	72
73	Fully Depreciated Assets	200,916					200,916	73
74								74
75	TOTALS	\$ 517,945	\$ 32,391	\$ 32,391	\$		\$ 402,891	75

## D. Vehicle Depreciation (See instructions.)\*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Patient Transport	1996 Ford Eldorado Transit	1996	\$ 38,099	\$	\$	\$	10	\$ 38,099	76
77	Facility Business	1996 Mercury Sable	1996	15,878				4	15,878	77
78	Patient Transport	1993 Mercury Villager	1992	18,387				5	18,387	78
79	Maintenance Truck	1993 GMC Truck	2002	14,580	2,083	2,083		7	13,539	79
80	TOTALS			\$ 86,944	\$ 2,083	\$ 2,083	\$		\$ 85,903	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)	\$ 4,100,808	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 138,605	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 138,605	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)	\$ 3,024,071	85

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

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	Brother Residence	\$ 95,606	\$ 2,449	\$ 79,685	86
87	Brother Residence Equipment	22,663	744	17,818	87
88	Apartment Complex Bldg	1,794,065	53,175	875,734	88
89	Apartment Complex Equipment	736,407	29,308	551,740	89
90	Apartment Complex Land Imp	25,984	1,863	20,455	90
91	TOTALS	\$ 2,674,725	\$ 87,539	\$ 1,545,432	91

## G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

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

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

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions.

YES  NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	<b>TOTAL</b>				\$			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.	_____ /2009	\$ _____
13.	_____ /2010	\$ _____
14.	_____ /2011	\$ _____

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

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

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

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

15. Is Movable equipment rental included in building rental?

YES  NO

16. Rental Amount for movable equipment: \$ \_\_\_\_\_ Description: \_\_\_\_\_

(Attach a schedule detailing the breakdown of movable equipment)

**C. Vehicle Rental (See instructions.)**

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

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

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

Facility Name & ID Number Arthur Merkle Clara Knipprath Nursing Home # 0021832 Report Period Beginning: 1/1/2008 Ending: 12/31/2008

**XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)**

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. 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>
--	--	---

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

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

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

**C. CONTRACTUAL INCOME**

In the box below record the amount of income your facility received training CNAs from other facilities.

\$

**D. NUMBER OF CNAs TRAINED**

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

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist		hrs	\$		\$	\$		\$	1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			195,681			195,681	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39-3	# of prescripts			47,458			47,458	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):	39-3				30,319			30,319	13
14	TOTAL			\$		\$ 273,458	\$		\$ 273,458	14

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

Facility Name & ID Number Arthur Merkle Clara Knipprath Nursing Home # 0021832 Report Period Beginning: 1/1/2008 Ending: 12/31/2008

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/2008 (last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 119,203	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>66,000</u> )	670,094		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments	2,522,965		5
6	Prepaid Insurance	72,403		6
7	Other Prepaid Expenses	7,079		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Accrued Interest</u>	15,990		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 3,407,734	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	710,177		12
13	Land	466,031		13
14	Buildings, at Historical Cost	3,867,119		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	2,429,960		16
17	Accumulated Depreciation (book methods)	(4,599,452)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 2,873,835	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 6,281,569	\$	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 129,267	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	30,981		30
31	Accrued Taxes Payable (excluding real estate taxes)	10,213		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
	<b>Other Current Liabilities(specify):</b>			
36	<u>Apartment Rental Deposits</u>	16,960		36
37	<u>Accrued Insurance Payable</u>	28,149		37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 215,570	\$	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43				43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$	\$	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 215,570	\$	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 6,065,999	\$	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 6,281,569	\$	48

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 5,887,601	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 5,887,601	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	178,398	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)	\$ 178,398	17
<b>B. Transfers (Itemize):</b>			
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)	\$ 6,065,999	24 *

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

Facility Name & ID Number Arthur Merkle Clara Knipprath Nursing Home # 0021832 Report Period Beginning: 1/1/2008Ending: 12/31/2008**XVII. INCOME STATEMENT** (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

classifications of revenue and expense must be provided on this form, even if financial statements are attached.

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

		1	
Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 4,397,376	1
2	Discounts and Allowances for all Levels	(1,396,477)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	<b>\$ 3,000,899</b>	<b>3</b>
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	6,189	6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	<b>\$ 6,189</b>	<b>8</b>
<b>C. Other Operating Revenue</b>			
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		13
14	Non-Patient Meals	3,375	14
15	Telephone, Television and Radio	34,223	15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	<b>\$ 37,598</b>	<b>23</b>
<b>D. Non-Operating Revenue</b>			
24	Contributions	6,416	24
25	Interest and Other Investment Income***	131,518	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	<b>\$ 137,934</b>	<b>26</b>
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<b>Rental, Farm, and Other</b>	260,370	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	<b>\$ 260,370</b>	<b>29</b>
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	<b>\$ 3,442,990</b>	<b>30</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	766,921	31
32	Health Care	1,188,638	32
33	General Administration	743,858	33
<b>B. Capital Expense</b>			
34	Ownership	226,144	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	284,679	35
36	Provider Participation Fee	54,352	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	<b>\$ 3,264,592</b>	<b>40</b>
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	<b>178,398</b>	<b>41</b>
42	<b>Income Taxes</b>		<b>42</b>
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	<b>\$ 178,398</b>	<b>43</b>

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

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

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

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

Facility Name & ID Number Arthur Merkle Clara Knipprath Nursing Home

# 0021832

Report Period Beginning: 1/1/2008

Ending:

12/31/2008

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

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	2,080	2,280	\$ 65,306	\$ 28.64	1
2	Assistant Director of Nursing					2
3	Registered Nurses	7,653	8,509	261,795	30.77	3
4	Licensed Practical Nurses	12,260	13,508	245,115	18.15	4
5	CNAs & Orderlies	39,842	42,522	435,644	10.25	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,690	1,690	16,458	9.74	8
9	Activity Director	1,885	2,141	26,282	12.28	9
10	Activity Assistants	1,688	1,864	20,488	10.99	10
11	Social Service Workers	1,556	1,700	16,953	9.97	11
12	Dietician					12
13	Food Service Supervisor	1,543	1,735	27,562	15.89	13
14	Head Cook	1,995	2,243	24,673	11.00	14
15	Cook Helpers/Assistants	17,044	18,589	184,475	9.92	15
16	Dishwashers					16
17	Maintenance Workers	1,608	1,744	76,686	43.97	17
18	Housekeepers	9,421	10,373	75,954	7.32	18
19	Laundry	2,701	2,701	29,411	10.89	19
20	Administrator	2,496	2,496	80,004	32.05	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	8,488	9,352	95,556	10.22	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,920	1,920	21,008	10.94	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	115,870	125,367	\$ 1,703,370 *	\$ 13.59	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	84	\$ 4,692	Ln 1, Col 3	35
36	Medical Director	36	4,800	Ln 9, Col 3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	36	600	Ln 10, Col 3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	12	1,032	Ln 11, Col 3	44
45	Social Service Consultant	12	1,032	Ln 11, Col 3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	180	\$ 12,156		49

**C. CONTRACT NURSES**

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





Facility Name &amp; ID Number Arthur Merkle Clara Knipprath Nursing Home

**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. \$3,214 Life Services Network
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? \_\_\_\_\_
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? \_\_\_\_\_
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 12.23
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 23,651 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease. \_\_\_\_\_
- (9) Are you presently operating under a sublease agreement? \_\_\_\_\_ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES \_\_\_\_\_ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.  
\_\_\_\_\_
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 54,352  
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? Yes For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 21,071 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 1,121
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ \_\_\_\_\_  
c. What percent of all travel expense relates to transportation of nurses and patients? 67  
d. Have vehicle usage logs been maintained? Yes  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A  
**g. Does the facility transport residents to and from day training? No**  
**Indicate the amount of income earned from providing such transportation during this reporting period.** \$ \_\_\_\_\_
- (17) Has an audit been performed by an independent certified public accounting firm? Yes  
Firm Name: Smith, Koelling, Dykstra & Ohm, PC The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? Yes If no, please explain. \_\_\_\_\_
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? N/A  
Attach invoices and a summary of services for all architect and appraisal fees.

Arthur Merkle Clara Knipprath Nursing Home  
ID#21832  
Report Period Beginning 1/1/08 Ending 12/31/08  
Attachment to Schedule XX, Item 14

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

12/31/2008

STATE OF ILLINOIS

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

DIFFERENCE

Salary/Wages	Page 4, Line 45, Col 1 Page 20, Line 34, Col 3	1,703,370 1,703,370	0
Book Depreciation	Page 4, Line 30, Col 4	226,144	
Care Related Depr	Page 13, Line 82	138,605	
Non-Care Depr	PAGE 13, LINE 91, COL 3	87,539	226144
Adjusted Depr	PAGE 4, LINE 30, COL 8 PAGE 13, LINE 83	138,605 138,605	0
Interest	Note Forced 81 to enter - adjusted to ILU Depreciation) PAGE 4, LINE 32, COL 3 PAGE 9, LINE 15, COL 10	0 0	0
Adjustments	PAGE 4, LINE 45, COL 7 PAGE 5, LINE 30, COL 1	(240,613) (240,613)	0
Administrative Salaries	PAGE 3, LINE 17, COL 4  PAGE 21, SCHED A	80,004  80,004	0
PROFESSIONAL SER	PAGE 3, LINE 19, COL 4 PAGE 21, SCHED C	29,076 29,076	0
DUES & SUBSCRIPTION	PAGE 3, LINE 20, COL 8 PAGE 21, SCHED F	5,995 5,995	0
EMPLOYEE BENEFITS	PAGE 3, LINE 22, COL 8 PAGE 21, SCHED D	450,872 450,872	0
TRAVEL & SEMINAR	PAGE 3, LINE 24, COL 8 PAGE 21, SCHED G	345 345	0
DEPRECIATION-COST	PAGE 13, SCHED E, LINE 81 PAGE 11, SCHED A, LINE 3 PAGE 12, LINE 34, COL 4 PAGE 13, LINE 75, COL 1 PAGE 13, LINE 80, COL 4	57,000 3,438,919 517,945 86,944	4100807.7
DEPREC - CURRENT	PAGE 13, SCHED E, LINE 82 PAGE 12, LINE 34, COL 5 PAGE 13, LINE 75, COL 2 PAGE 13, LINE 80, COL 5	138,605 104,131 32,391 2,083	138605
DEPREC - STRAIGHT	PAGE 13, SCHED E, LINE 83 PAGE 12, LINE 34, COL 7 PAGE 13, LINE 75, COL 3 PAGE 13, LINE 80, COL 6	138,605 104,131 32,391 2,083	138605
DEPREC - ADJUSTME	PAGE 13, SCHED E, LINE 84 PAGE 12, LINE 34, COL 8 PAGE 13, LINE 75, COL 4 PAGE 13, LINE 80, COL 7	0 0 0	0
ACCUMULATED DEPF	PAGE 13, SCHED E, LINE 85 PAGE 12, LINE 34, COL 9 PAGE 13, LINE 75, COL 6 PAGE 13, LINE 80, COL 9	3,024,071 2,535,277 402,891 85,903	3024070.9
BALANCE SHEET	TOTAL ASSETS-PAGE 17, LINE 25 TOTAL LIAB-PAGE 17, LINE 48	6,281,569 6,281,569	0
EQUITY	TOTAL EQUITY, PAGE 17, LINE 47 ENDING EQUITY, PAGE 18, LINE 24	6,065,999 6,065,999	0